DIVISION OF WITAL RECORDS, P.O. BOX 68760, The law requires that the death of TO THE MOSPITAL OR ATTENDING PHYSICIAN. TO TO THE FLAKERAL DIRECTION, AND IN SCENE PO-be find within 72 hours after deathwith the Stage IMPORTANT: If Hom 28 is marked, as Jeth

res th saith resith	s been signed sp. of Health 3 shows an	at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artending physician.	d by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ces that the	s been signed by the control of the sign of Health and In 3 shows any In	e death certif	he attending ;	Mental Hygier	Jury, or oth
	s been s sp. of H	res that the	upplied by th	ealth and h	et any in

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH MONTH DAY

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTIFIC	DATE OF BEA		DATE OF DEATH		3. TIME OF DEATH
	Robert	Floyd		Pearcall	'	10 1		4:10 A M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	FUNDER 1 YEAR IF UND		DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
	063-14-1536 9e. FACILITY NAME (If not institution, give s	1 3 M 2 F 76	yrs.	ONTHS DAYS HOURS	1	3-29-19		EW YORK
Œ	Memorial Hos			Easton	TON OF BEATH			
1 5	RESIDENCE OF DECEDENT			Hascon			Talbot	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MARYLAND TA 100. STREET AND NUMBER	LBOT		EASTON				1 K YES 2 NO
RA	509 PLEASAN	T PLACE		10f, ZIP CO	601		U . S	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER IN		13. WAS DECENDENT	002	RIGIN? (Specify Yes	or No.— 14. RAC	CE — American Indian.
ВУ Е	1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cut 1 ☐ YES 2 ☑ NO		verto Rican, etc.)	Spe	ck, White, etc.
		W. W. 13		<u> </u>				HITE
ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of workitte. Do NOT use	BUAL OCCUPATION k done during most of work retired.)	ding	16b. KIND OF BUS	NESS/INDUSTRY	
17	Elementary/Secondary (0-12)	College (1-4 or 5+)		ST. ANAL		AER	OSPACE	
COMPL	17. FATHER'S NAME (First, Middle, Last)					First, Middle, Malden	Sumame)	
BE (RAYMOND H. P	EARSALL				A LAMB		
2	19a. INFORMANT'S NAME (Type/Print)	AT T		DDRESS (Street and Numb				01001
	FREDA S. PEARS			EASANT P	ALCE		N, MD.	
	1 Buriel 2 DE Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State ceme	etery, crematory or other	DISPOSITION (Name of place)	DIZ		CATION — City or 1	
- 8	21. SIGNATURE OF FUNERAL SERVICE LIC	CENCEE	LISBURY	CREMATO 22. NAME AND ADDR	190	10-18 S.		
	M. h. News	19 CF	:SP.			HAMMAN		RAL HOME ON, MD. 216
	23. PART I. Enter the diseases, or o	(.0.0[
	shock, or heert fallure.	Liet only one ceuse on ea	ch line.					Approximata Interval Between Onset and Death
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	. Cerebrava	Genlar	accide	ut.	massi	is	de
	resulting in death)		CONSEQUENCE OF):					7
N	Sequentially list conditions.	b						
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
윤	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):					<u> </u>
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	is contributing to death bu	it not resulting in	tha underlying cause	given in Pari	t I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
		-		,,,,		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	U NO	OF DEATH?
								18 123 2 110
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OEATH (Check o	only one)		
PHYSI	t VES 2 NO	1 Inpatient 2 ER/Outpa		OTHER: Nursing Home 5 1	Residence 6 🗆	Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WORK?		d. DESCRIBE HOW II	JURY OCCURED	
B	2 Accident Investigation	28s. PLACE OF INJURY -	- At home form str	M 1 YES 2		. LOCATION (Street a	and Alexander on Description	S
TED	4 Homicide 6 Could not ba	building, atc. (Specif	fy)	ini, indiviy, office	201	City or Town, State)	nd Number of Numer	Notice Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowle	idge, death occurred	at the time date and plac	e and due to th	he cause(s) and man	ner se steled	
W		R: On the basis of examination						(a) and manner as stated.
EC	296. SIGNATURE LAND THE LEGIS CERTIFIES			29c. %	CENSE MUMBER			D (Month, Day, Year)
(m)	ONTH				1) 1708	37	1.0	10-192
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	rint)				
	David H. Smith		Idlewi	ld Avenu	e. Eas	ston. M	0 21601	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	h1 0				
	UCT 19 1992	1.	The same					

	=	ě
	24	1
500	within	noieteh
5	cuted	nd cor
,	8	2
ì	2	ciar
í	ficate	physic
,	cert	Duibe
-	death	after
Ś	the	the
2	THE ST	3
THE STATE OF THE S	AL OR ATTENDING PHYS. TAX Technical that the death certificate be executed within 24 h	L DIRECTOR: After this cert tas been signed by the attending physician and completely filled
וו	12 M	has. b
i	緶	Cate
۰	3	Z
ř	US.	8
)	E	this
5	DING	After
,	TEN	OR:
	A	EG
	R	DIR
	-	-

	505											76	31502
	1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF					MENTAL HYGIEN			
	1. DECEDENT'S NAME (First	, Middle, Last)			<u></u>	TOATE	01		-	2. DATE OF DEATH			3. TIME OF DEATH
	Kathlee	n Nic	ole Poo	le						10 2°		YEAR	6:55 a M
	4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	212-31-533		1 M 2 F	2	YRS.					SEP 21, 19		Mary	
Œ	9a, FACILITY NAME (If not in					9b. CITY,				EATH		INTY OF DE	
15	Washingt RESIDENCE OF DEC	ON COL	inty Hosp	ital		Ha	ager	stow	m		Wa	ashin	gton
DIRECTOR	10a. STATE	10b. COUNT			10c. Cl	TY, TOWN OF	LOCATIO)N					10d. INSIDE CITY LIMITS?
	MD 10e, STREET AND NUMBER		ashington			Hag	gers						1 X YES 2 NO
FUNERAL			- C+				10f. 2	ZIP CODE			10g. CIT		HAT COUNTRY?
SNE	276 S.	FOLOMA	12. WAS DECEDEN	IT EVER IN U.:	S. ARMED	13. W	AS DECE		740 F HISPAN	IIC ORIGIN? (Specify Yes	or No-	USA 14. BACE	- American Indian,
YFI	1 Never Married 2		FORCES? 1	YES 2	₹ ₩O	16		Ify Cube	n, Mexica	n, Puerto Rican, etc.)		Black	White, etc. White
) BY	3 Widowed 4 Divo		<u> </u>					<u> </u>					WILLE
TEI	(Specify onl	EDENT'S EDU y highest grade	completed)		(Give kind of life. Do NOT of	work done du	cupation uring most	of worldn	g	16b, KIND OF BU	SINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	was Do NOT C	ise remed.)							
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTH	TER'S NA	ME (First, Middle, Malden	Surname)		
BE C	James	M. Po	oole, Jr					D	iana	L. Murra	y		
10 6	19a, INFORMANT'S NAME (1									Route Number, City or Tow			
	James M. P		Jr.						., F	lagerstown			
	20aXMETHOD OF DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	noval from State	20b. PL cemeter	ACE AND DATE by, crematory or DSE Hi	of Disposition place)	TION (Nam	eof	1.0	1		City or Tov	·
	21. SIGNATURE OF FUNERA		CENSEE	- K(ose ni.		AME AND					wn,	ma ral Home
	· 7	end	Ellen	Til		41	5 E.	. Wi	1sor				, Md 21740
	23. PART I. Enter tha d	Iseases, or	complications the	it caused th	a death. Do								Approximate
	shock, or h IMMEDIATE CAUSE (Fir	eart fallure.	List only one car	ise on each	Ilna.							,	Interval Between Onset and Death
	disease or condition resulting in death)	→	. C.	4RDI	OPE	SPIR	A-17	RY		ARRES	7		
	tooding in coaling		OUE TO	(OR AS A CO	MSEQUENCE (P):							10.1510
N N	Sequentially list condit	ions,	U	NAT	AL INSEQUENCE O	ME	-N/	N(SIT	15			2 YEARS
Ε¥	if any, leading to imme cause. Enter UNDERLY	diate	5/6	NIF	/ COO!	NF): T /	171	DO	PM	ENTAI	DE	744	/
IFIC	CAUSE (Disease or Injuthat Initiated events	Iry	c. DUE TO	(OR AS A CO	INSEQUENCE C	PF):		-در) ('')	ENTAL 146E	De	UT/	
CERTIFICATION	resulting in death) LAS	T L	d	DUE	70	BRA	7/N	1	AN	AGE			
5 I . I	PART ii. Other significa	nt condition	ns contributing to	death but	not resulting	in the und	larlying	cause o	lven in	Part I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL			MC IN				EW			DEDECO			AMILABLE PRIOR TO COMPLETION OF CAUSE
MEC		STA	BILITY								(No		OF DEATH? 1 YES 2 NO
	_ SEIZU	RE3			1								
S S	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	16	w/	OTHER:		CE OF D	EATH (Ch	sck only one)			
PHYSICIAN:	1 VES 2 NO		1 Inpatient 2 5			4 🗆 Nursi	ng Home		sidence	6 ☐ Other (Specify)			
6 1	1 Netural 5	Pending	26a. DATE OF (Month, E	Pay, Year)	28b. Til	JURY M	28c. INJUI WORI		3 400	28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	a Deviate	Investigation Could not be	28e. PLACE C	F INJURY —	At home, ferm,	street, factor			, NO	26f. LOCATION (Street	and Numbe	r or Rumil R	oute Number
		determined	building,	etc. (Specify)						City or Town, State)	~	-	
COMPLETED	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowledg	e, death occur	red at the tim	ne, date a	nd place.	and due	to the cause(a) and made	nner as sta	nted.	
ΣO										time, date and place, an			and menner as stated.
BEC	29b. SIGNATURE 940 TITLE	OF CERTIFIE	н / ъ				:	29c. LICE	NSE NUR	IBER	29d. DAT	TE SIGNED	(Month, Day, Year)
10 B	Koba	to	weis	MO				D2	482	7	•	10/	30/92
-	30. NAME AND ADDRESS OF												
	Robert E. 31. DATE FILED (Month, Day,		S, M.D.			ntie	tam	St.	ree	t, Hagers	stow	n, M	ID 21740
	OCT 30 199			n-Rud									

. .

100

li eer alka nii

in a second

.1

REGOR
OF VITA
DIVISION
_

		REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO) .	
	1	1. DECEDENT'S NAME (First, Middle, Last)	EDWIN	RI	ILE	У	10 2	5 9°	ar 3. TIME OF DEATH P 2 /2:18 M
þji	1	4. SOCIAL SECURITY NUMBER 221-05-0886	1 ☑ M 2 ☐ F	(In yrs. last birthday) RYPS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb24,19		BIRTHPLACE (State or Foreign Country) enna.
l, 2, 3 should	DIRECTOR	98. FACILITY NAME (If not institution, give st MEMORIAL FIESIDENCE OF DECEDENT	HOSPII	AL	EAS	FON	EATH	9c. COUNTY	BOT
ages 1	REC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY
permit. Pages		Maryland Talk	oot	McI	Daniel				1 TES 2XXNO
is.	NERAL	9243 New Rd.				21647		U.S.	A.
AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,		NIC ORIGIN? (Specify Years, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White
r attend	ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT rork done during r	FION most of working	16b. KIND OF B	USINESS/INDUST	RY
ND ZI hospital or ached for a	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		mploye				
	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meide	n Sumame)	
MAKYL stained by should be at fifted at	BE	FRANK I 19a. INFORMANT'S NAME (Type/Print)	RILEY				EINHEIMER		<u> </u>
5 5 70 5	2	Gloria M. Buzi					Route Number, City or To		
may be		20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo	200	. PLACE AND DATEO	F DISPOSITION /			OCATION - City	
th. Page 6 ma neral director, miner must		4 Donation 5 Dother (Specify)	No	orthWood	Cemeter	ry Oct.		ladelph	nia, Penna.
dea fur dea	The state of the s	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE (7	Harr		eonard Fur		ome s, Md. 21663
ted within 24 hours after completely filled in by th ial, cremation, or remove event, the medical		23. PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	d the deeth. Do nech line.	ot enter the n	node of dying, such	ch as cardiac or res	piratory arrest,	Approximate Interval Between Onset and Death
ficate be executed physician and commer principle of the	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	Myo	Cambr	1 Life	modi	1-2day
P H B	CERT	resulting in death) LAST	1						
in the death of the steel of th	EDICAL C	PART II. Other significant condition	s contributing to death b	ut not resulting in	n the underlyl	ing cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
is posite has been to Dept. of He 23 shows	₹						_		1 YES 2 NO
N: The lifeate has State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (CH			
iclar the the	PHYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp 26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, II	NJURY AT YORK?	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	ED .
	D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, ferm, st		YES 2 NO	26f. LOCATION (Street	and Number or R	ural Route Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	E	4 Homicide datarmined	building, atc. (Spec	eny)			City or Town, State)	
7 70 -	COMPL		CIAN: To the best of my know R: On the besis of examination						use(s) and manner as stated.
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I	BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER		-111	\sim	29c. LICENSE NUI	MBER		SNED (Month, Day, Year)
263	5	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	D15315		10	1-192
		(Thomas W. Faunt	/			Ct. East	on, Maryla	nd 2160	1
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
	- 1	DCT 28 1992	Sucha Davidson	Monores					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			FOR 1 - STATE REGISTRAR		STATE OF I	MARYL			TMEN				MENT/	L HYGIEN REG. NO.	€ 92	3	1504
			1. DECEDENT'S NAME (First, JEROME		BERTS								MONE	e of Death th D	W Y	EAR 3.	TIME OF DEATH
			4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (1	In yrs. lesi		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTH	0.	Country	ICE (State or Foreign
	pino		220-66-5614 9a. FACILITY NAME (If not in	stitution, give s	1 M 2 F	30		YRS.	9h CITY		R LOCATI			EMBER 2	5 1955		
	physician. burlal-transit permit. Pages 1. 2, 3 should	СТОВ	Anne Arun	del (Hos	pit	al			pol		AIN		1	AA	n
	1. Sa	EC	RESIDENCE OF DEC	10b. COUNT	Y			10c. CIT	Y, TOWN (OR LOCAT	ION					10	d. INSIDE CITY
	oit. Pag	DIREC	MARYLAND	AN	NE ARUND	EL		AN	NAPO	LIS						1.0	LIMITS?
	it pern	ERAL	10e. STREET AND NUMBER	VE OT							ZIP COD	E					COUNTRY?
0	physician. burlal-trans	FUNE	804 C BROO		12. WAS DECEDEN	NT EVER IN	U.S. ARI	MED	13.		1401	OF HISPAI	VIC ORIG	IN? (Specify Yes		S.A.	American Indian,
21215-0020	attending physise as the buria	BY	1 Never Married 2 3 Wildowed 4 Divo	rced	FORCES?	YES	2 XX	0		If yes, spe 1 YES	2 XXIO	n, Mexica	n, Puerto y:	Rican, etc.)	BI	Specify: JACK	filte, etc.
121	or afte	ETED		EDENT'S EDU	completed)		(Gr		USUAL O work done to retired.)			ng	16	b. KIND OF BUS	SINESS/INDUS	TRY	
	the hospital or att detached for use once.	COMPL	Elevitation y/ Secondary (u	-12)	College (1-4 or 5	*)		C00	00K								
MARYLAND			17. FATHER'S NAME (First, M											Middle, Maiden			
ARY	5 should be notified at	BE	ELMORE ROB				196	MAILING	ADDRESS	S (Street a				STANSB		ide)	
		٩	19th. INFORMANT'S NAME (Type/Print) 19th. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 1156 EASTPORT TERRACE ANNAPOLIS, MD. 214											03			
ORE	ctor, pag		20a. METHOD OF DISPOSITI 1 文費grial 2 Crematio 4 Donation 8 Other	n 3 🗆 Rem	oval from State				of dispos ther place! METE		me of	1.0	DA	.	CATION — CIT		
MI.	death. Page 6 ma funeral director, g f. examiner must		21. SIGNATURE OF FUNERA		CENSEE	_ [111	ENSO	N CE			D ADDRE		/26,	94 51	· MARC	AREI	S, MD.
BALTIMOR			Lavy	H. 7	Tease				R 8	EESE 21 W	& S EST	ONS ST.	MORT	TUARY, APOLIS,	P.A. MD. 2	21401	
	24 hours at filled in by ion, or remother the medical		25. PART I. Enter the/di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallure.	. Chron	ic R	ena	1 F	ailu	the mo	de of dy	Ing, suc	h sa ca	rdiac or respi	ratory arrest	l,	Approximate interval Between Onset and Death
68760,		_	DUE TO (OR AS A CONSEQUENCE OF):														
	de exe	CATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING														
	in certificate be execute and canding physician and call Hygiene prior to buritor or other traumatic	RTIFIC	CAUSE. (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):														
S, P.O	the death certing the attending plantal Hygien injury, or other	RH	resulting in death) LAS		d												
	mat the ph any	EDICAL	PART II. Other algnifica	nt condition	s contributing to	death be	ut not re	sulting	n the ur	deriying	cause (given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	CO	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
REC	een sign of Heal	Σ														1 (YES 2 NO
	T Dept E	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL						26, PL	ACE OF D	EATH (Ch	eck only o	ne)	-		
FUERA	S S S S S S S S S S S S S S S S S S S	YSIC	EXAMINER?		HOSPITAL:	XER/Outp	atient 3	□ DOA	OTHER		5 □ Re	sidence	6 🗆 Oth	er (Specify)			
0	the this of	ВУ РНУ		Pending nvestigation	28a. DATE OF (Month, D			28b. TIM	E OF URY M		URY AT RK? 'ES 2) NO	28d. DE	SCRIBE HOW II	NJURY OCCUR	ED	
DIVISION	CTOR. A Lifter of 28 ks	田	3 Suicide 6	Could not be	28a. PLACE C building,	OF INJURY , etc. (Speci	— At hor	ne, ferm, :	street, factory, office 28f. LOCATION (Street and Number or Rural Route City or Town, State)						Number,		
۵		COMPLE			CIAN: To the best of											ause(a) an	d manner as stated.
1	TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE (29b. SIGNĄTUBĘ AND TITLE	my	Ky		m		DEPU	TTY		0 6 (29d. DATE S	- 20	-92
			William P	. Jor	nes,M.D	. P	.0.	Во	Print) X 99) L	oth	ian	, Mo	1. 20	711		
			31. DATE FILED (Month, Day, OCT 2	1992	32. REGISTRA	AR'S SIGN/	ATURE Ashal	مالا									

15 July 1997

PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The same ben signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OF ATTEMPTED PROSICIANS The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL INCITION AND CONTINUED TO THE FUNERAL INCITOR AND CONTINUED TO THE FUNERAL INCITION A DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

					-		IVALI	01				REG. NO.				
	1. DECEDENT'S NAME (First, MI Victor Day		ce								2. DATE OF MONTH	DEATH	100	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER									-			, 199		6:15 A, M	
	214-09-8621		5. SEX	6. AGE (I	in yrs. lest t	VRS.	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS.	7. DATE OF (Month, D. May 6	ny, Year)	77	Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institu			0.			9b. CITY	. TOWN	OR LOCAT	ION OF DE		, 130		TY OF DE	/	
<u>Б</u>	Colton Vill			nter			50. OIT		erst		AIII			hing		
딦		DENT Db. COUNTY				10 CIT	Y, TOWN (201004								
DIRECTOR	Maryland		hington		1		ager								10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	7 E. Washingt	ton St	reet					10	2174					ZEN OF W	HAT COUNTRY?	
¥	11. MARITAL STATUS	T	12 WAS DECEDEN	T EVED IN	III A DMI	ED	142	WAS DES								
	1 Never Married 2 Ma	erried	FORCES? 1	YES	2 NO			If yes, sp	ecify Cubi	en, Mexicer	IC ORIGIN? (S n, Puerto Rica	n, etc.)	or No-	Black	— American Indian, White, etc.	
8	3 🔯 Widowed 4 🗌 Divorce	d	IF YES, GIVE Y	WAN ON DA	VIES .			1 YES	X	Specify				Specify: White		
COMPLETED	15. DECEDI (Specify only his	ENT'S EDUCA	ATION (COMPOSITION)		16a. DECE	EDENT'S	USUAL O	CCUPATIO	ON ast of worki	-	16b. KII	ND OF BUS	INESS/IND	USTRY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
91	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. D	Do NOT us	te retired.)						_			
M N	8 years					shee	et me	etal	worl	ker		mar	nufac	turı	ng	
8	17. FATHER'S NAME (First, Middle										ME (First, Midd	le, Maiden	Surname)			
98	James Wesle	-	e							nnie		Strou				
10	James W. Ri				24	O S.	ADDRES:	ber:	ry S	treet	Hage	City or Town	own, State, Zip	Mary.	land 21740	
	20s. METHOD OF DISPOSITION 1 Densition 5 Comment of Co															
	21. SIGNATURE OF FUNERAL SE		NSEE		Rose	HTT				SS OF FAC						
	Como	CI	Burer	no.	4				d N. al H	Mini Ome	nich				ac Street Maryland	
	23. PART I. Enter the disea	ases, or co	mplications tha	t caused	the daet	h. Do n					as cardiec				Approximate	
	IMMEDIATE CAUSE (Final	t failure. Li	let only one ceu	ise on ea	ich ilne.										Interval Between Onset and Death	
	disease or condition resulting in death)						CH	F								
- 1	Tooling in doubly	•	OUE TO	(OR AS A	CONSEOU	ENCE OF	•									
Z	Sequentially list conditions	, b.							>							
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	ta	DUE TO	(OR AS A	CONSEQU	ENCE OF	7):									
SE I	CAUSE (Disease or Injury	6 c	DUE TO	OR AS A	CONSEOU	ENCE OF	n.									
CERTIFICATION	that initiated eventa resulting in death) LAST		332 10	(OII AS A	CONSECU	ENCE OF).									
	DADT II Oak	u.						*								
EDICAL	PART II. Other aignificant		contributing to	deeth bu	ut not rea	uiting i	n tha un	derlying	ceuse	given in F	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă											1(YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ		 -									_				1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO M	renov.														
PHYSICIAN:	EXAMINER?		HOSPITAL:		(U		OŢHĘF	R:			ck only one)					
¥ I	27. MANNER OF DEATH		1 Inpatient 2 I			DOA 28b. TIMI		28c. INJ			6 Other (Sp					
Paradram Paradram																
										oute Number,						
	4 Homicide deta	rmined									Only or 10	wii, otataj				
4	29a. CERTIFIER 1 CERTIFY	INO PHYSICI	AN: To the best of	my knowle	edge, death	occurre	d at the t	me, data	and place	, and due t	to the cause(s) and man	ner as state	rd.		
COMPLETE	one) 2 MEDICAL	EXAMINER:													and menner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)															
2	30. NAME AND ADDRESS OF PE	BEON WHO	COMPLETED ONLY	F 05 054	711 47774				. A. (800	7		10	. 26	72	
	VASAW T		r the m		33	in (Type,	Print) U. (.C.	4 6-	7	TAKE	ERSTOR	14,	no	21	140	
	31. DATE FILED (Month, Day, Year,	1	32. REGISTRA													
	GGT 28 1992	J.	in Sander	n-Ran	wi											

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE G. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI		YEAR 3.	. TIME OF DEATH			
•			arie	Smith			10		2	5:15 P			
p ₀		4. SOCIAL SECURITY NUMBER 453-62-2086	1 🗆 M 2 X 💥 51	YRS. MC	HTHE DAYS	IF UNDER 24 HRS. HOURS MIN.		8 1941	Was	ACE (State or Foreign hington.			
. 2, 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give in Memorial Hosp: RESIDENCE OF DECEDENT		9	Easto	OR LOCATION OF D	EATH		TY OF DEAT	лч			
	35	10a. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOCA	TION			10	Del. INSIDE CITY			
E E		Maryland Talk 100. STREET AND NUMBER	oot	Eas	ton	M. ZIP CODE		10g. CITIZ		LIMITS? YES 2 NO AT COUNTRY?			
, j	ER.	29865 Grasswel	1 Road			21601			USA				
21215-0020 al or attending physician for use as the burial-tra	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 XNO	If yes, ap	CENDENT OF NISPA pecify Cuben, Mexico S 2 NO Specif	an, Puerto Rican,		Black, W Specify:	American Indian, White, etc.			
215	8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATI	ION cet of warding	16b. KIND	OF BUSINESS/IND		nice			
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use n	etired.)	os o working							
AND the hospital detached to once.	OMF	17. FATHER'S NAME (First, Middle, Last)		Secreta	ıry	18. MOTHER'S NA		al Esta	te				
YLA by the by the		John Munhollan	ıd										
MARYLAND retained by the hospit 5 should be detached notified at once.	TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	ORESS (Street		ne Dem: Route Number, Cit		19 r Town, State, Zip Code)				
- 2 H m	۴	Harvey E. Smith, Jr. 29865 Grasswell Road, Easton, MD 2											
DR Se man		20s. METHOD OF DISPOSITION 1) Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20b	PLACE AND DATE OF CONTROL OF CONT	DISPOSITION (N. place) Memor	eial Par	oATE	20c. LOCATION - C	Ity or Town,	State MD 21601			
ALTIMO		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	NO ADDRESS OF FA	CILITY		<u>J11</u> ,	MD 21001			
BALT for death. the tuner. wal.		JOHN R	MERCER	ON CEST	Newn	am Fune	eral Ho	ome,	e+on	, MD			
d in thy th or remove medical		23. PART I. Enter the diseases, or	complications that caused List only one cause on e	the desth. Do not	enter the mo	ode of dying, suc	th as cardiac o	r reepiratory arre	st,	Approximate			
im 24 the sale of		IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. Massiv	CONSEDUENCE OF):	guad	Purped	Ble.	ed		Interval Between Onset and Death			
BOX 687 cate be execute physician and co e prior to buria er traumatic	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d											
P.O. ath certifith the Hygien ; or other ;	ER												
RECORDS, aggies that the deal of Hearth and Menta	EDICAL C	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	the underlyin	g ceuse given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	AM CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
Per de la constante de la cons	1						-	,	1 (YES 2 NO			
VITAL ANI: The 3s strong as a Staf Dep or Hear 2d	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Ch							
OF V PHYSICIA this certit with the keed, or	PHY	27. MANUER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	JURY AT		HOW INJURY OCC	JRED				
ON O DING PHYS After this death with	BY	1 Natural 5 Pending Investigation	(month, buy, rour)	in don		YES 2 ND							
TSIC TENDI	A 1.5.	3 Suicide # Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre-	et, factory, offic	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
DIV TO THE HOSPITAL OR A TO THE FUNERAL OFFE De filed within 72 hours IMPORTANT: If Item	COMPLETED		ICIAN: To the best of my knowl ER: On the basis of examination							nd manner as stated.			
五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五	H H	286. SIGNATURE AND TITLE OF CERTIFIE	my (M)			29c. LICENSE NUI	MBER	29d. DATE	SHOWER (MI	onth, play: Hear!			
5 5 8 MI	2	Jun 1				10050	58)4 10/13/92						
		Donald T. Lewe				Avenue,	Easto	on, MD 2	2160:	1			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SION	ATURE CANCEL									
		nrt 1 5 1992	74.001000000										

31. DATE FILED (Morith, Dey, Year)

OCT 15 1992

	1 - STATE OF MARYLAND A		TMENT				IENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				9			AY	YEAR	TIME OF DEATN		
	BERNARD HARRISON SHERWOO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		IF UNDER 1		IF UNDER 2		10 4	1992		3:00 AM M		
	213-22-8240A XXM 2 - 75	YRS.	MONTHS		HOURS	MIN.	(Month, Day, Year)		Country)	yland		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY,	Y OF DEAT								
OR	Meridian-The Pines		Ea	asto	n			Tal	lbot			
급	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	10c, CIT	Y, TOWN OF	R LOCATIO	N				10	od. INSIDE CITY		
DIR	Maryland Talbot	Co	rdov	78.					1	LIMITS?		
FUNERAL DIRECTOR	10s. STREET AND NUMBER	.1 00	1 40 1	V	TIP CODE			10g. CITIZE		AT COUNTRY?		
E	12361 Connolly Road			2	162	5		USA	1			
Specify: Specify: Specify: Whit												
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (((ECEDENT'S	USUAL OC	CUPATION	of working		16b. KIND OF BU	SINESS/INDU		WHI CC		
画	Elementary/Secondary (0-12) College (1-4 or 5+)	. Do NOT u	work done di se retired.)	uning most	or working							
COMPLET	6 Fa	rmer										
	William T. Sherwood						IE (First, Middle, Meider					
BE		b, MAILING	ADDRESS	(Street end			T. Fav					
2	Willard Kenneth Sherwood	1236	1 Cc	onno	11v	Roa	DATE 20c. LC	ova.	MD	21625		
	20s, METNOD OF DISPOSITION 20b. PLACI 1 ABurial 2 Cremation 3 Removal from State	v cromoton	y or other of	lecal								
	4 Donation 5 Other (Specify) St.	Jose	ph (Ceme	ADDRES	S OF FAC	LO-7 Co	rdova	MI	D 21625		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home, P.A. 200 S. Harrison St., Easton, MD											
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, shock, or heert feliure. List only one cause on each line.												
shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final										Onset and Death		
	resulting in death) e. The first of the fir	S 15	PFI:							3 Lange		
z	CEREBANA		INP	TARC	TI	8				3 irmins		
CERTIFICATION	in only touching to intrioducto	QUENCE O	F):	•								
	CAUSE (Disease or Injury that initiated events C. DUE TO (OR AS A CONSE	QUENCE O	IF):									
E	resulting in deeth) LAST											
	PART II. Other significant conditions contributing to death but not	resulting	in the un	deriving	causa di	lven in i	Part I. 24s. WAS A	V ALITOPSY	24h W	PERE AUTOPSY FINDINGS		
CAL	DIADETES	rounting	m ara un	derrying	cadeo g		PERFO	RMED?	AA CI	WAILABLE PRIOR TO OMPLETION OF CAUSE		
MEDI	URIN MRY T	-RA		IN	FRE	TI	T T YES	2 DEMO		F DEATH?		
2												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER		CE OF DE	ATH (Che	ck only one)					
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient		-	ling Nome		Idence	6 Other (Specify)					
	27. MANNER OF DEATN 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year)	26b. TIA	ME OF JURY M	28c. INJUI WOR		NO	28d. DEŞCRIBE NOW	INJURY OCCU	JRED			
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At hullding, etc. (Specify)	ome, farm,	atreet, facto			,	28f. LOCATION (Street	end Number o	or Rural Rou	ite Number,		
COMPLETED	4 Homicide determined building, etc. (Specify)						City or Town, State)				
PLE	29a. CERTIFIER (Check only (Check only Lawrence Control of the best of my knowledge, d	lesth occur	red at the ti	lme, date e	nd place,	end due	to the cause(a) and mi	nner as state	d.			
OM	one) 2 MEDICAL EXAMINER: On the basis of examination and/or	r Investigati	on, in my o	pinion, des	eth occure	ed at the	time, date and place, a	nd due to the	cause(s) a	and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE			29d. DATE	SIGNED (M	Aonth, Day, Year)		
TO E	20 NAME AND ADDRESS OF STREET, WILL COLUMN		. 0 1		7	100	250		10/5	192		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	. 4	O DUVY	en.	Dr	AST	en, ro	121	60			
	31. DATE FILED (Month, Day, Year) 32. SEGISTRAR'S SEGNATURE			1								
	DCT - 6 1992 Gula Davidson-North											

ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FURSPLAL OF A THE TOTAL THE WAS SCHALL BY REQUEST THAT THE POSATION FOR THE PURSPLAND THE TOTAL THE

STATE OF MARYLAN	ID / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFICA			NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF	DEATH	
1	CLARA CAR	ROLINE S	WANSON			10 12		2 12:20	M g (
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A		INDER 1 YEAR		DATE OF BIRTH	8. 6	BIRTHPLACE (State	-	
1	043-20-8445	1 ☐ M 25 F	96 YRS.	THS DAYS	HOURS MIN.	(Month, Day, Year) 9-26-1896		reston	. CT	
	9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN O	R LOCATION OF DEATH		9c. COUNTY			
OR	Meridian Nursing	Center - T	he Pines	East	on, MD		Ta]	lbot		
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY .	10c. CITY. TO	WN OR LOCAT	ON			10d. INSIDI	E CITY	
Meridian Nursing Center - The Pines Easton, MD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Talbot Easton								LIMITS 1 YES	87	
1	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNT		
FUNERAL	100 Hughlett	Street			21601		USA			
3	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1 Y	ER IN U.S. ARMED		ENDENT OF HISPANIC		or No 14.	RACE America Black, White, stc.	in Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 XDivorced	IF YES, GIVE WAR O			elfy Cuban, Maxican, F 2 X NO Specify:	'uerto Hican, IIIC.)	1	Specify:		
		I CATION				16b, KIND OF BUS		Whi	te	
E	15. DECEDENT'S EDU (Specify only highest grad	le completed)	16a. DECEDENT'S USU (Give kind of work : life. Do NOT use ret	done during mos	nt of working	160. KIND OF BUS	MESS/INDUST	HT		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teacher			Priv	ate S	chool		
OM	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (
BE C	Frederick Dom	nbro			Annie L	evinsky				
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street a	nd Number or Rural Rou	te Number, City or Town	n, State, Zip Coc	de)			
2	Karen S. Mesko)	100 Hi	ighle'	tt Stree	t, East	on, M	D 2160	1	
	20a METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rer	moval from State	20b. PLACE AND DATE OF	DISPOSITION	(Name	DATE 20c. LO	CATION — City	TION — City or Town, State		
	4 Donation 5 Other (Specify)		of cemetary, crematory or o Maplewood	Ceme	tery 1	0-16 No	rwich	, CT.		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	CCCP	Newn:	am Funer	al Home	. P.A			
	M. E. New	yanı	CEZI	200	S. Harri	son St.	Eas	ton, M	D	
	23. PART i. Enter the diseases, or ehock, or heert fellure			enter the mo	de of dying, such a	s cerdiec or respi	ratory arrest		roximate rval Between	
	MANAGEMENT CANOC (St.)								et end Death	
	diseese or condition resulting in death)	0	ardio res	ornao	y arres	/				
		DUE TO (OR	AS A CONSEQUENCE OF	/	0:00	1				
CERTIFICATION	disease or condition resulting in death) Oue to (or as a consequence of the conditions, or conditions, or consequence of the conditions, or co									
¥.	if any, leeding to immediate cause. Enter UNDERLYING							ļ		
F	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):							
F	reaulting in deeth) LAST	d								
	PART II. Other aignificent condition	one contributing to dea	th but not resulting in th	e underlying	Cause given in Pa	rt i. 24a. WAS AN	ALITOPSY	24b. WERE AUTO	OPSY FINDINGS	
CAL	Carolina	ascular ins	Afrience		, j	PERFOR	RMED?	AVAILABLE		
ED	Dementin	,	//			_ 1 YES 2	DK NO	OF DEATH?		
M	2011-01-000					-		I U TES	2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Check	only one)				
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER		HER: Nursing Hom	e 5 🗆 Residence 6	Other (Specify)				
포	27. MANNER OF DEATH	28a. DATE OF INJU		28c. INJ	URY AT 2	8d. DEŞCRIBE HOW I	NJURY OCCUR	ED		
ВУ	Natural 5 Pending 2 Accident Investigation				rES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF IN- building, etc.	JURY — At home, farm, stree (Specify)	t, factory, offic	2	6f. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Numbe	95	
ETE										
AP.	one)		knowledge, death occurred at							
COMPLETED	2 MEDICAL EXAMIN	IER: On the besis of exami	nation end/or investigation, in	ı my opinion, d	eath occured at the tin	ne, date end place, er	id due to the ci	ause(e) and mann	ier as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER KILL YOU	Va 11		29c. LICENSE NUMBI			IGNED (Month, De)		
2	TO MAKE AND ADDRESS OF DEDCOM	MO COMPLETED CAMP	E AEATH (TOWN AT TO	-41	127	100		10.12.92		
	30. NAME AND ADDRESS OF PERSON W	7 1 -	ley, U.I.	Ď	DZ5	MD				
	31. DATE FLED (Morth, Day, 144)	32 REGISTRANS			ا ا ن ادست					
	001. 7.0. 1555	Manage mania	304 cm Monthroppe							

MI: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should **BALTIMORE, MARYLAND 21215-0020** VITAL RECORDS, P.O. BOX 68760,

DIVISIVIO

TO THE HOSPITAL OR ATT NOW, BHISH WE requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att. TO THE FUNERAL DIRECTOR, AND THE CONTRACTOR AND THE CONTRACTO	att	USe		
TO THE HOSPITAL OR ATTAINANT PHYSIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE FUNEPAL DIRECTOR Annum connected has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours annown. State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	70	ò		
TO THE HOSPITAL OR ATTAINANT PHYSIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the high PHERAL DIRECTOR Annum connected his possible of the strength of the connected filed in by the funeral director, page 5 should be detained within 72 hours annown. State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	ospit	hed		-d
TO THE HOSPITAL OR ATTAINANT PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNEPAL DIRECTOR Annum or incate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be to be filled within 72 hours after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at each other process.	e h	letac		JUC
TO THE HOSPITAL OR ATTAINANT PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to THE FUNEPAL DIRECTOR, Annum or incase has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after a marker of State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	b to	e		at
TO THE HOSPITAL OR ATTAINED BY SOLIVE: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain TO THE FUNEPAL DIRECTOR, And The conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filled within 72 hours into the configuration or removal. IMPORTANT: If item 21 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	Pe	PI		pe
TO THE HOSPITAL OR ATTAINENT PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n TO THE FUNEPAL DIRECTOR AND THE COMPARE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours into come. State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 in marries, or item 23 shows any injury, or other traumatic event, the medical examiner must be in	etair	Sho		DIT.
TO THE HOSPITAL OR ATTAINENT PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNEPAL DIRECTOR, Anattains of micrate has been signed by the attending physician and completely filled in by the funeral director, page filled within 72 hours into the first within 72 hours within	9	De 5		6.7
TO THE HOSPITAL OR ATTAINED BHISH WH: The law requires that the death certificate be executed within 24 hours after death. Page 6 r TO THE FUNEPAL DIRECTOR, And THE COMPLETE COMPLETE AND THE FUNEPAL DIRECTOR, AND THE COMPLETE COMPLETE AND THE FUNE AND THE COMPLETE COMPLETE COMPLETE AND THE COMPLETE COMPLETE. OF THE COMPLETE C	nay	pa.		t b
TO THE HOSPITAL OR ATT MOVED BY SILVAY: The law requires that the death certificate be executed within 24 hours after death. Page TO THE FUNERAL DIRECTOR AND THE CONTRIBUTION OF THE ATTENDING PROPERTY OF THE CONTRIBUTION OF THE PROPERTY OF THE CONTRIBUTION OF THE CO	9	ector		Ë
TO THE HOSPITAL OR ATT MOVED BY SILVAY: The law requires that the death certificate be executed within 24 hours after death. TO THE FUNERAL DIRECTOR AND THE CONTROL BY THE attending physician and completely filled in by the funera be filed within 72 hours and the control of the part of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If New 24 is millioned or litem 23 shows any injury, or other traumatic event, the medical examination of the control of	Page	- di		9
TO THE HOSPITAL OR ATT MOVED BYTISHAM: The law requires that the death certificate be executed within 24 hours after dea TO THE FUNERAL DIRECTOR AND THE CONTRIBUTION OF THE MACHINE BY THE ATTENDING PHYSICIAN AND COMPLETE MINE OF THE MACHINE BY THE MINE WITHIN 72 hours and the contribution of the Medital Hygiene prior to burial, cremation, or removal. IMPORTANT: If New 24 is million or liter 23 shows any injury, or other traumatic event, the medical exa	6	hera		Ē
TO THE HOSPITAL OR ATT MOVED BYTS ID. W. The law requires that the death certificate be executed within 24 hours after 10 THE FUNERAL DIRECTOR. And the create has been signed by the attending physician and completely filled in by the be filed within 72 hours and the complete of the part of the part of the property of the part of	dea	2	-	exa
TO THE HOSPITAL OR ATT NOW, BHYSIDAN: The law requires that the death certificate be executed within 24 hours TO THE FUNERAL DIRECTOR And THE CONTRIBUTION OF THE ATTENDING PHYSICIAN AND COmpletely filled in the filed within 72 hours and completely filled in the filed within 72 hours and completely filed to the filed within 72 hours and the filed within 72 hours and the filed within 73 hours and the filed that and filed the filed that the	afte	by th	NO.	cai
TO THE HOSPITAL OR ATT MOVED BYTS ID. W. The law requires that the death certificate be executed within 24 his THE FUNERAL DIRECTOR AND THE COMPLETE BY THE ATTENDING Physician and completely filled be filed within 72 hours and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If Nem 24 million or Item 23 shows any injury, or other traumatic event, the management of the property of the million or item 23 shows any injury, or other traumatic event, the management of the property of the million or item 23 shows any injury, or other traumatic event, the management of the property of	SID	5	f rei	led
TO THE HOSPITAL OR ATTAINED BHISH WIL. The law requires that the death certificate be executed within 10 THE FUNEPAL DIRECTOR AND THE COMPLETE HAS been signed by the attending physician and completely be filed within 72 hours into the many the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 23 In Many or other traumatic event, I	24 ho	filled	ion, o	he n
TO THE HOSPITAL OR ATT NOWAL PHYSICIAN: The law requires that the death certificate be executed w TO THE FUNERAL DIRECTLY AND THE COMPACT HAS been signed by the attending physician and comple filed within 72 hours into the complete State Dept. of Health and Mental Hygiene prior to burial, completely the complete of t	rithin	ietely	remat	mt, t
TO THE HOSPITAL OR ATT NOW, BHISHOW! The law requires that the death certificate be exect TO THE FUNERAL DIRECTOR AND THE CONTRACTOR AND SERVICED AND BE filed within 72 hours after the within 72 hours after the within 72 hours after the contractor of the service of the servic	rted v	COM	rial, c	W 3
TO THE HOSPITAL OR ATT NOW, BHYSHAW! The law requires that the death certificate be a TO THE FUNERAL DIRECTLY AND THE COLORS been signed by the attending physician be filed within 72 hours into the mode. State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Nem 21 in Interface, or item 23 shows any injury, or other traum	3000	and	20	nati
TO THE HOSPITAL OR ATTINOMY PHYSICAN: The law requires that the death certificate to THE FUNERAL DIRECTLY AND THE CONTRACT BE SHEWN WITHIN 72 hours with the contract best of the death and Mental Hygiene print MPORTANT: If Nem 21 in Thirte or New 33 shows any injury, or other to	2	clan	100	Jne
TO THE HOSPITAL OR ATT NOW, BHISHIAM: The law requires that the death certify TO THE FUNERAL DIRECTOR AND THE CONCRETE HAS been signed by the attending poor filed within 72 hours into the many of State Dept. of Health and Mental Hygien IMPORTANT: If Nem 21 in Interest, or 16m 23 shows any injury, or 0th	cate	hysi	e pr	10
TO THE HOSPITAL OR ATT NOW, BHISHAM: The law requires that the death of 10 THE FUNERAL DIRECTLA AND THE CHICAGO BEEN SIGNED by the attend be filed within 72 hours, into the many state Dept. of Health and Mental Hy IMPORTANT: If Nem 21 In INTINCAL, or Item 23 shows any injury, or	ertifi	Ing p	gien	ŧ
TO THE HOSPITAL OR ATTINOMY BHISHIAM: The law requires that the des TO THE FUNERAL DIRECTOR AND THE CONTRACTOR DESCRIBED SIGNED by the at be filed within 72 hours into the month of the contractor of the contrac	th c	tend	£	0
TO THE HOSPITAL OR ATT NOW, BHISHOW! The law requires that the TO THE FUNERAL DIRECTLY AND THE CHICAGE HAS been signed by it be filed within 72 hours and many to State Dept. of Health and NIMPORTANT: If New 24 Institute, or item 23 shows any inj	dea	le at	Aenta	ury,
TO THE HOSPITAL OR ATT NOW, THE BANK THE LAW requires that TO THE FUNERAL DIRECTOR AND THE CHARGE HAS been signed to be filed within 72 hours, into the property of item 23 shows any IMPORTANT; If item 24 in Thirted, or item 23 shows any	4	by th	IN P	E
TO THE HOSPITAL OR ATT NOW, THE PROBLEM. The law requires TO THE FUNERAL DIRECTOR MINITER or increase has been sign be filed within 72 hours, into the miniter of sign of them 23 shows IMPORTANT: If Nem 23 shows	tha	ped t	th a	amy
TO THE HOSPITAL OR ATTAINING PHYSICAN: The law required TO THE FUNERAL DIRECTOR AND THE CONTRACT OF STATE DEPT. OF INFO WITHIN 72 HOURS MITH WAS A STATE DEPT. OF IMPORTANT: If Item 23 sho	uires	Sign	Heal	*
TO THE HOSPITAL OR ATT MONTE BHOSHAW: The law TO THE FUNERAL DIRECTOR AND THE CONTRACT OF STATE DEPT BE SHEW WITHIN 72 HOURS, MIND CONTRACT, OF ITEM 23 IMPORTANT; If Item 23 IMPORTANT; OF ITEM 23	20	een	6	sho
To the mospital or attropy dependency: The TO the Funcare In To the Funcare In Section 2 has a fine within 72 hours, into the mospital of Item.	SW.	as b	Dept	23
To the hospital or attroduce physicals: 10 the funceal director and the confice of field within 72 hours. Indicate the market, or 18 IMPORTANT: 18 IMPORTANT: 01 IMPORTANT: 01 IMPORTANT: 01 IMPORTANT: 01 IMPORTANT: 01 IMP	The	ate h	ate	E
TO THE HOSPITAL OR ATT NEWS BHYSIN TO THE FUNERAL DIRECTLY AND THE CO BE filed within 72 hours into the within 12 hours into the manner.	3	13	S =	10
TO THE HOSPITAL OR ATTRIBUTED BY TO THE FUNERAL DIRECTO. A DESCRIPTION OF SIGNATURE OF SIGNATURE OF THE SIGNAL OF	1SI	0.0	Š	4
TO THE HOSPITAL OR ATT NOW, TO THE FUNERAL DIRECTLA AND BE filed within 72 hours into an IMPORTANT: If item 28 is an IMPORTANT.	2	É	3	層
TO THE HOSPITAL OR ATTIVE TO THE FUNERAL DIRECTL De filed within 72 hours into	100	뜋	ă	Æ
TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item 2	4	8	ď.	票
TO THE HOSPITAL OF TO THE FUNERAL DIF Be filed within 72 hou IMPORTANT: If item	THE R	198	ILS I	E
TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: II	L 06	IO.	hou	100
TO THE HOS TO THE FUNI Be filed withi	PITA	ERAL	27 11	100
THE THE PORT	HOS	FUN	With	IAN
5 5 3 X	뿔	뿔	pel	POR
	2	2	8	E

STATE OF MARYL	AND / DEPARTMENT CERTIFICATE	MENTAL	HYGIENE REG. NO.
		 _	

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	36	31309		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3.	TIME OF DEATH		
	WILLIE LINWOOD S.	AMPSON			10= 31-	- 92	м		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR SF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLA Country)	CE (State or Foreign		
	214-36-5532 9e. FACILITY NAME (If not institution, give st	1 XM 2 F	DZ YRS.	b. CITY, TOWN DR LOCATION OF	(Month, Day, Year) 04-17-40	MARYI 9c. COUNTY OF DEATH			
DIRECTOR	807 FEDERAL MANO	R		FEDERALSBURG		CAROLINE			
E C	10e. STATE 10b. COUNTY		TOWN OR LOCATION		100	I. INSIDE CITY			
		OLINE	FEDE	RALSBURG		15	LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 807 FEDERAL MAN	OR		101. ZIP CODE 21632	TO O				
S	11. MARITAL STATUS	12. WAS DECEDENT EVED I	N U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yea or	USA r No — 14. RACE — /	Amarican Indian,		
BY F	1 Never Married 2 Married 3 Nidowed 4 Divorced				can, Puerto Rican, etc.) ://y:	Black, Wi	BLACK		
E	15. DECEOENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUSIN				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use	k done during most of working etired.)					
MP	10		TRUCK	DRIVER					
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meiden Su	mame)			
8E	WILLIE LINWOOD	SAMPSON		MANIE	JENKINS SAM	IPSON			
5	190. INFORMANT'S NAME (Type/Print) MJOAN MURRAY			DORESS (Street and Number or Rura		State, Zip Code)			
	20a, METHOD OF DISPOSITION	201	PLACE AND DATE OF	RK AVE . FEDERA		TION — City or Town,	State		
	1 Suriel 2 Cremation 3 Remo	cen	netery, cremetory or othe JOHNS CEM	r plece) FTFRV	11 07 d2 npm	COMON NO			
	21. SIGNATURE OF FUNERAL BETWICE LIC	ENSEL		22. NAME AND ADDRESS OF F	ACILITY BENNIE S	MITH SERV	TCFS		
	1			P.O. BOX 928 516 SO. MAIN					
	23. PART I. Entar the diseases, or c	omplications that cause	tha daath. Do not	anter the mode of dying, au	ch as cardiac or respirat	tory arreat,	Approximata		
	ahock, po haart failure. I	L U xI a		NCar			Interval Between Onset and Death		
	resoluting in death)	OUE TO (DR AS	CONSEDUENCE DF):				1 1		
ON	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEDUENCE DF):						
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	•							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF):						
	PART II. Other algnificant conditions	contributing to death h							
ICAL	n. One aguntant condition	Contributing to death b	ot not reauting in	the underlying cause given is	PERFORME	ED? AMAI	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE		
PHYSICIAN: MEDIC					1 TYES 25	OF I	DEATH? YES 2 ND		
ž									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)				
YSI	1 PYES ND	1 Inpetient 2 ER/Outp		THER: Nursing Home 5 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WORK?	28d. DESCRIBE HOW INJU	JRY OCCURED			
84	Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	— At home, ferm, stre	M 1 YES 2 ND	281. LOCATION (Street and	Number or Rural Route	Number		
	4 Homicide 6 Could not be determined	building, atc. (Spec	city)		City or Town, State)		TYMTHOUN,		
COMPLETED				if the time, date and place, and du in my opinion, death occured at th			I manner as stated.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	20. 6.		29c. LICENSE NU		9d. DATE SIGNEO (Mon	nth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED FAUSE OF DE	ATH (ITEM 27) (Type Pr		225	11-2-	-92		
	U	OF DE	trum Erj (type, Fr						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE.						
	NOV 2 1992 9	Savidson-Ru	TO BE						

y The hosp	be detached		out of
e retained L	5 should I		notified
ge o may be	irector, page		must he
IN THE HOSTING.	TO THE FUNERAL DIFFERENCE where measurement are not a storned by the attending physician and completely filled in by the funeral director, page 5 should be detached	val.	IMPORTANT: If item 28 is maked, awdem 23 shows any lature, or other traumatic event, the medical examiner must be neitified at eace
4 HOURS ARK	filled in by t	оп, ог гетол	e medica
Z IIIIII M Dali	completely 1	ial, crematio	event. th
ile De execu	ysician and	prior to buri	traumatic
RELL CELUING	Itending phy	al Hygiene	c or other
DAM THE OR	ed by the a	th and Meri	amy injury
new requires	II Deen sign	ept. of Heat	23 shows
The same	amficate ha	The Spile D.	Owner 2
and a rura	A I	100	s mheked.
un sertem	DIRECTOR	hours after	item 28 is
HOURING.	FUNERAL	within 72	TANT: II
וט ועב	THE CH	be filed	IMPOR

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	ST	EVENS						MO	TE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	a bitabala 1	-100-		1,200.00			.0 2'	7	92	8 AM
		1 M 2 DE	MONTHS DAYS HOURS MIN.				E OF BIRTH oth, Day, Year)		8. BIRTI Count	IPLACE (State or Foreign ny)			
	9a. FACILITY NAME (If not institution, give:	XX 91				03 18 01 Virginia							
œ								ON OF D	EATH		9c. COU	NTY OF E	DEÄTH
18	3267 Stepney Str	eet			Ed	gew	ater				A)	nne /	Arundel
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION				-		10d. INSIDE CITY
	MD Anne Arundel Ec					dgewater			1 YES ZONO				
\¥	10e. STREET AND NUMBER					101	. ZtP COD	Ε			10g. CIT	IZEN OF	WHAT COUNTRY?
UNERAL	3267 Stepney Str				21037 USA								
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOEN FORCES? 1	T EVER IN U.S. AF	MED	13. W	AS DEC	ENDENT (OF HISPA	NIC ORIG	ilN? (Specify Yes	or No-		E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1	☐ YES	ZXX NO	Specif	y:			Spec	Hy:
ED	15. DECEDENT'S EDU	ICATION	16a, DE	CEDENT'S	USUAL OC	CLIPATIO	ON.		1.4	5b. KIND OF BU	This could	DIIOTON	White
E	(Specify only highest grade	College (1-4 or 5	(G	ive kind of a Do NOT us	work done d	uring mo	st of working	ng	100	DO. KIND OF BU	ME35/INI	DUSTRY	
ם	, (0 12)	2		omema	ker					H	ome		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				(0.00)		18. MOT	HER'S NA	ME (First	, Middle, Maiden			
BE (Chesley Nathanie	l Londer	'ee				Nar	iev l	E11e	n Harr	son		
TO B	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	(Street a				mber, City or Tow		Code)	
F	Nancy White		32	267 S	tepne	ey S	Stree	et 1	Edge	water.	Mary	rland	21037
	Nancy White 3267 Stepney Street Edgewater, Maryland 21037 20s. METHOD OF DISPOSITION 1 Buriel 2 Mermetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, cremetory or other place) 20c. LOCATION — City or Town, State												
	4 Donation S Other (Specify)				In Cr	rema	atory	10	30	-92 B1	entw	rood.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	•		22. N	AME AN	ID ADDRE	SS OF FA	CILITY	Taylor	Fire	eral	Home
	Manal				147	7 Du	ıke ç	f G	Loue	ester S	st. A	nnar	olis, MD
	23. PART Enter the dieeeses, or	complicatione tha	t ceuaed the de	ath. Do n	ot enter t	tha mo	de of dy	ing, suc	h as ce	rdisc or reepi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) e. COP							interval Between Onset and Death					
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.												
Ē	that initiated events resulting in death) LAST	30E 10	(OR AS A CONSEC	DENCE OF	·):								
B		d											
MEDICAL	PART II. Other algnificent condition	e contributing to	daath but not r	eaulting i	n the und	ieriying	g cause (given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:		ACE OF O						
148	1 _ YES 2 _ NO 27. MANNER OF DEATH	1 Inpatient 2 I			_		\rightarrow	sidence		er (Specify)			
	Natural 5 Pending	(Month, D		26b. TIM	URY	WO	RK?	7	26d. DE	SCRIBE HOW II	JURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicida & Could not be	26s. PLACE O	F INJURY — At ho	me farm e			ES 2	J NO	204 1 0	0.2201/0			
ETED	4 Homicide 6 Could not be datarmined	building,	atc. (Specify)			y, omc			City	CATION (Street a y or Town, State)	nd Number	or Hural H	loute Number,
COMPLET		CIAN: To the best of R: On the basis of as) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	0.1	2.72				29c. LICE				29d. DAT	E SIGNEO	(Month, Day Year)
0 24768								27/9~					
	30. NAME AND ADDRESS OF PERSON WH William A. Dabbs		igley Av			ກດໄ	ic 1	MID 0	1)10=			1	-1
	31. DATE FILEO (Month, Day, Year) OCT 3 0 19	32. REGISTRA	P'S SIGNATURE			Ϋ́	±0,	- LU C	±40-	-	_		
	0019013	1J4 June	A ACTOR AND AND										

6400

*

Mary Stanford Top 100

5 W. 2/01

D THE HOSPITAL OR ATTENDING PROSECUE THE IMPRESSIONS that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR And this certification been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours with the State Debt, or Health and Mental Hypiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shews any injury, or other traumatic event, the medical examiner must be notified at once.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

	FOR STATE	.H. G-693 11/30/9 STATE OF MARYLAN	92 reb ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIE		2 31511	
	REGISTRAR			CATE OF	DEATH	REG. N).		
	1. DECEDENT'S NAME (First, Michele, Last)	Alexis Nico	ole SPEA	KER		10.1. 1		S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5 9	Z / d O O / M	
1	213-33-8874	1 🗆 M 2 🔀 F	YRS.	ONTHS DAYS	HOURS WIN.	6/29/3		BIRTHPLACE (State or Foreign Country) Saryland	
8	9a. FACILITY NAME (If not institution, give str University of Mar				in location of D imore	EATH / /	sc. county of DEATH Baltimore		
5	RESIDENCE OF DECEDENT						Dair	IMOTE	
DIRECTOR		Maryland Washington			Hagerstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
A P	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	506D Lynnhaven Dr	ive			21742			USA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U			ENDENT OF HISPA	NIC ORIGIN? (Specify Y	s or No- 14	L RACE — American Indian.	
BY F	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE			2 XNO Speci	an, Puerto Rican, etc.)		Black, White, etc. Specify:	
								white	
I	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 19 (20/mp/leted)	Give kind of wo	ork done during ma	M st of working	16b. KIND OF B	JSINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT use	retired.)					
Š	17. FATHER'S NAME (First, Middle, Lust)				18. MOTHER'S NA	LME (First, Middle, Maide	Sumame)		
BE (Roy E. Speaker				Melod	y J. Benne	ett		
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAJLING /	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	vn, State, Zip Co	ocle)	
=	Roy E. Speaker		506D	Lyanhav	en Dr.,	Hagerstown	ı, Md.	21742	
1 8	20a. METHOD OF DISPOSITION 1 12 Burlal 2 Cremation 3 Remo	20b. Pi	LACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. L	OCATION — CH	y or Town, State	
9	4 Donation 5 Other (Specify)	Re	est Have	n Cemet	ery	10-29 Ha	gerstow	m, Maryland	
1 8	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	~		CH FUNER				
١.	- 2 Cotto	Illum.	uch					wn, Md. 21740	
	23. PART I. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	. In Fraces pue to (on as a co	ebral ONSEQUENCE OF)	hem			oiratory arres	t, Approximata interval Between Onset and Death	
NOIL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Thrombocy for pence 7 DUE TO (OR AS A CONSEQUENCE OF): Thrombocy for pence 7 Thrombocy for pe								
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	autoimm	uner		ocx ty	Denie		7man Sh	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF:	the underlying			RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Color	DUE TO (OR AS A CO	ONSEQUENCE OF:	the underlying	g cause given in	PERFC 1 TYES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions COLO IMM 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO	onsequence of:	the underlying	g cause given in	PERF(1 YES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions COLU Max 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	DUE TO (OR AS A CO	not resulting in	26. PL OTHER:	ace Of DEATH (C)	PERFC 1 YES neck only one) 8 Other (Specify)	PMED? 2 1 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO	
PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions COLU IMM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER-OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CO	onsequence of:	26. PL OTHER: 4 Nursing Homo OF 28c. INJ! WO	ACE OF DEATH (C) S G Residence	PERF(1 YES	PMED? 2 1 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO	
BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions COLU	DUE TO (OR AS A CO	not resulting in	26. PL OTHER: WO 1 V	ACE OF DEATH (C) 5 Residence URY AT RKY	PERFC 1 YES neck only one) 8 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 DAO INJURY OCCUI	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO	
ED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions COLU	DUE TO (OR AS A CO	not resulting in CLL CL ent 3 DOA 28b. TIME (HJU) At home, farm, sta	26. PL OTHER: WO 1 V	ACE OF DEATH (C) 5 Residence URY AT RKY	PERFC 1 YES neck only one) 8 Other (Specify)	INJURY OCCUI	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO	
ED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Coll	DUE TO (OR AS A CO. CONTRIBUTION TO	not resulting in CLL CL ent 3 DOA 28b. TIME INJU At home, farm, sta	26. PL 26. PL OTHER: 6 Nursing Hom OF 28c. INJ! WO 1 V	ACE OF DEATH (C) 5 Residence BRY TES 2 NO and place, and due	PERFC 1 YES 1 YES 5 Other (Specify) 28d, DESCRIBE HOW 28f, LOCATION (Street City or Town, State) to the cause(a) and me	INJURY OCCUI	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED	
BE COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Coll	DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. BENOTICE TO (OR AS A CO. BENOTIC	onsequence of on	26. PL OTHER: 6 Nursing Hom OF RY M 28c. INJ WO 1 V reet, factory, office	ACE OF DEATH (C) 5 Residence BRY TES 2 NO and place, and due	PERFO 1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HOW 2 Ef. LOCATION (Street City or Town, State of the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time.	INJURY OCCUR and Number or) inner as stated, and due to the c	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions Coll	DUE TO (OR AS A CO. DUE TO (O	onsequence of: not resulting in CLOCA ent 3 DOA 28b. Time (NJU) At home, farm, str. def (ITEM 27) (Type, F	26. PL 26. PL OTHER: 6 Nursing Hom OF 28c. INJI RY WO 1 V reet, factory, office at the time, data In my opinion, de	ACE OF DEATH (C/	PERFO 1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 2 Ed. DESCRIBE HOW 2 Ef. LOCATION (Street City or Town, State of the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time, data and place, described in the cause(a) and more time.	INJURY OCCUI	MANABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Riural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Coll	DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. a contributing to death but DUE TO (OR AS A CO. BENOTICE TO (OR AS A CO. BENOTIC	onsequence of: not resulting in CLOCA ent 3 DOA 28b. Time (NJU) At home, farm, str. def (ITEM 27) (Type, F	26. PL 26. PL OTHER: 6 Nursing Hom OF 28c. INJI RY WO 1 V reet, factory, office at the time, data In my opinion, de	ACE OF DEATH (C/	PERFC 1 YES 1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) 2 to the cause(a) and m. 2 time, data and place, and MBER	INJURY OCCUI	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Riural Route Number,	

to be signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hapten of hoath and Mental Hygiene prior to burial, cremation, or removal. we requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PRESIDENT TO THE FUNERAL DRECTOR Are certified within 72 hours after described the St. IMPORTANT; If Item 28 is marked until

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First					10,11				2. DATE OF I	DEATH DA	lv.	YEAR	S. TIME OF OEATH
	RACHEL		_				10	9		92	2 P.M			
	4. SOCIAL SECURITY NUMBER 220-01-8084	4	5. SEX	6. AGE (In yrs. les	3 YRS.	MONTHS		HOURS	MIN.	7. DATE OF E (Month, De 10-15	y, Year)		s. BIRTHPI Country) UNKN	LACE (State or Foreign
_	9s. FACILITY NAME (If not in					9b. CIT					9c. COU	NTY OF DEA		
DIRECTOR	DORCHESTE	R GENI	ERAL HOSP	ITAL			CAMBRIDGE			DOR	DORCHESTER			
EC	10a. STATE	10b. COUNT	ſΥ		10c. Cl	TY, TOWN	OR LOCA	TION						od. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER		ORCHESTER		C.	AMBRI							1	LIMITS? YES 2 NO
RA		520 GLENBURN AVE.					101	or. ZIP COD						AT COUNTRY?
FUNERAL	11. MARITAL STATUS			NT EVER IN U.S. AR	PMFD	13.	WAS OF	2161		NIC ORIGIN? (S	manifu Vee	~ Mo-	SA MACE -	- American Indian,
B	1 Nover Married 2 3 Widowed 4 Divo	Married	FORCES? 1	1 X YES 2 N WAR OR DATES			If yes, sp	pecify Cube S 2 X X NO	en, Mexica	in, Puerto Ricar	n, etc.)	OT NO-	Black,	BLACK
田	15. DEC (Specify onl)	EDENT'S EOU	JCATION le completed)	16a. DE	ECEOENT'S	S USUAL O	CCUPATION IN	ON of work	ina	16b. KIN	O OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+) Mo.		work done use retired.)		JOE OF HOUSE	ng					
M	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)					NKNO	WN	T = 1100				NKNOI	VN	
	UNKNOW									ME (First, Middle	le, Maiden :	Sumame)		
BE	19a. INFORMANT'S NAME (7			19	h. MAILIN	O ADDRES	Q /Street		UNKNO	OWN Route Number, C	The or There	- Conta 7ir	Code)	
2	JOHANNE S.	,,	ETT							DGE M				
	20a. METHOD OF DISPOSITI	ION		20b. PLACE A	AND DATE	OF DISPOS	SITION (Na		MDKTI	OATE	_		City or Town	n, State
	4 Donation 5 Dother	(Specify)		cemetery, cred	OHN 1	S CEN	METE	RY			PI	REST	ON. MI).
	21. SIGNATURE OF FUNERAL	E SERVICE LI	CENSEE			22.	NAME A	ND ADORE	SS OF FAC	CILITY BENI	NIE S	SMITE	H SERV	VICES
	1/2								2 0	ST. HUI				
NO	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentially list condition	dona,	b	O (OR AS A CONSEC			/	rosep		• U:	rose	psis		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								194					
	PART II. Other significa	est condition	or contribution to	death but not a	iting	in the m	- de chele		- hora la	I			Tana	
IAN: MEDICAL	CH Fall Prints 23. WAS CASE REFERENCE Y	lure Lelit	Leg Den	. /	Grace	0	alei mii	a,	lla		PERFORI	MED?	A C	REME ALTOPSY FINDINGS WALL ABILE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Sic	EXAMINERT 1 YES 2 NO	ALIEN SEE	HOSPITAL:	ER/Outpatient 3	II DOA	OTHE	R:		-	€ □ Other (Sp.	Same Co.			
BY PHYSICIAN:	27. MANNER OF DEATH	Pending investigation	28s. DATE OF (Month, D	F INJURY	28b, TIM		28s. INJ WO	JURY AT DRK?		29d. DESCRIE		MUITY OC	CURED	- 13
	3 Suicide 6	Could not be determined	28e. PLACE 0 building.	OF INJURY — At her , etc. (Specify)	me, farm,	ativet, faci	tory, affic	•		28f. LOCATION City or To	N (Street in wrt, State)	nd Number	or Runii Rou	ite Number
COMPLETED			ER: On the basis of a											nd manner as stated.
w	29b. SIGNATURE AND TITLE	OF CERTIFIE		-					ENSE NUM			29d. DAT		fonth, Day, Year)
10 B				runan				0	143	49		•	10-	9-92
	30. NAME AND ACCRESS OF	PERSON WH	IO COMPLETEO CAU	SE OF GEATH (ITEN	М 27) (Туре	, Print)								
	31. DATE FILED (Month, Day,	-	32. REGISTRA	AR'S SIGNATURE										

TO THE HOSPITAL OR ATTENDY TO THE PART THE PART TO STATE THE STATE THE STATE THE STATE THE STATE THE STATE THE STATE STATE STATE THE STATE	TO THE FUNERAL OIRECTOR: Any time continues has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or Jean 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5	P e		0
P	P		P
aine	hou		E
Tel	5		5
2	age	,	9
E	or, p		E
9	rect		Ē
E.	al di		P.
Æ.	Juer		E
9	he h	TO.	8
afte	byt	E S	23
SUS	5	or re	2
4	filled	n, c	9
in 2	ely 1	natio	=
with	plet	cren	tent
B	COTT	al,	8
200	Pug	Ē	atic
9	an a	7 10	Ē
te b	Sici	g.	5
ifica	를	90	her
9	ding	Ž	10
ath	Iften	tal	, 0
9	he	Men	ig
th th	5	2	F
1	per	를	an
nlre	Sign	문	\$ ×
req	Heen	0	Sh
A.	as p	Jept.	23
#	ä	ā	1
3	檉	8	3
Æ	183	듦	ů
臣	響	킕	100
3	B	fig.	2
9	R	No.	3
ATE	6	aft.	28
NO A	J. BE	ours	E
AL	AL C	E CV	=
SPIT	IER/	7 ulc	ij
오	F	M.	S
置	분	pel	Ñ
2	2	be filed within 72 hours after commenters that Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E

	1 - STATE REGISTRAR	o. mi					DEATH	MENT	AL HYGIEN	E	92	0.010
	1. DECEDENT'S NAME (First, Middle, Last)						D	2. DAT	TE OF DEATH			3. TIME OF DEATH
	Christopl	her Alan		ТО	uhi	ו ו		1.0	NTH D	1.0	92	
	4. SOCIAL SECURITY NUMBER									19		10:29 P.M
	578-84-6907	1X M 2 D F		**	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	nth, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
1	376-64-6907	12 M 2 F	29	YRS.			V3125	May	5, 196	53	N∈	w York
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	R LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
E C	Memorial Hos	oital			C	umba	erland			ר א	100	2011
Ĕ	RESIDENCE OF DECEDENT		<u> </u>	umbe	er rand	_		HIL	leg	any		
Ü	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Virginia	Gre	eat B	alls	3			LIMITS?				
	10s. STREET AND NUMBER	_		104	ZIP CODE			10- 017	17511 05 1	WHAT COUNTRY?		
R	570 Innsbruck Ave				22066			US		WHAT COUNTRY?		
빌) FS	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT I	EVER IN U.S. A	RMED NO	13.	WAS DEC	ENDENT OF HISPA	NIC ORIC	GIN? (Specify Yes	Yes or No— 14. RACE — American India Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAF				1 🗆 YES	NO Speci	fy:	, sta.,		Speci	fly:
												White
<u>u</u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	IN st of working	-1	66. KIND OF BUS	SINESS/INC	DUSTRY	-
ω	Elementary/Secondary (0-12)	College (1-4 or 5+)	in	e. Do NOT us	e retired.)	ourng mo	st of working					
로		5+	Gr	aduat	e st	:uder	nt		Univ. o	of Pi	ttsb	ourg
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA					
	Dr. C. Joseph Tou	hill					Helen					
BE	19a. INFORMANT'S NAME (Type/Print)		l a			TT. POST						YMAY
2							nd Number or Rural					22066
- 1	James N. Anderson			5/0 1	nnsc	ruck	Ave. P	.0.	BOX 896	o Gr	eat	Falls, Va.
	20e. METHOD OF DISPOSITION 1 ▼ Burlel 2 □ Cremation 3 □ Remo	ound from State	20b. PLACE					D/	ATE 20c. LO	CATION —	City or To	rwn, State
	4 Donation 5 Other (Specify)	THE TOTAL SCALE	Stone	waii °	Jack	son	Cemeter	y10/	4/92 1	Lexin	gtor	, Va. 24450
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22.	NAME AN	D ADDRESS OF FA	CILITY				
	120 July 1		the	0	fc	r:	W. B. Ha	arri	son Co.	, Mc	rtua	ry
_	10 11 15	cerny	()	8-	3		Lexingto	on,	Va. 244	150		_
	23 FART i. Enter the diseeses, or of shock, or heert failure.	omplications that	aused the d	eeth. Do r	not enter	the mo	de of dying, suc	ch es ca	rdiac or reapi	ratory an	rest,	Approximate
- 1	IMMEDIATE CAUSE (Final	List Offiny Offic Cause	on each lin	€.								Onset and Death
	disease or condition	MULT	11/1/15	3 INJURIES								
ŀ	resulting in death)		-									
- 1	DUE TO (OR AS A CONSEQUENCE OF):											
- 1				QUENCE O	F):							
S O	Sequentially list conditions,	b										
MOIL	if any, leading to immediate	b	R AS A CONSE									
ICATION	if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (D	R AS A CONSE	EQUENCE OF	ም)፡							
FIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (D		EQUENCE OF	ም)፡							
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (D	R AS A CONSE	EQUENCE OF	ም)፡							
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	EQUENCE OF	F):							
اب	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSE	EQUENCE OF	F):	nderlying		Part I.			24b.	. WERE AUTOPSY FINDINGS
اب	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	EQUENCE OF	F):	nderlying		Part I.	PERFOR	MED?	246.	AWAILABLE PRIOR TO COMPLETION OF CAUSE
اب	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	EQUENCE OF	F):	nderlying		Part I.		MED?	246.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	EQUENCE OF	F):	nderlylng		Part I.	PERFOR	MED?	246.	AWAILABLE PRIOR TO COMPLETION OF CAUSE
اب	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	EQUENCE OF	F):		j cause given in		PERFOR	MED?	245.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اب	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O DUE TO (O d. s contributing to de	R AS A CONSE	EQUENCE OF	F):	26. PL			PERFOR	MED?	246.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	DUE TO (D DUE TO (O d. S contributing to de	R AS A CONSE	EQUENCE OF	othei	26. PL	j cause given in	neck only	PERFOR	MED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
اب	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (O DUE TO (O d. s contributing to de	R AS A CONSE	equence of resulting	OTHEL	26, PL R: sing Hom 28c, INJI	J cause given in ACE OF DEATH (Ch	6 Ott	PERFOR	MED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (D DUE TO (O d. B contributing to de HOSPITAL: 1 Inputent 2 X E	R AS A CONSE	resulting and a document of the second of th	othel	26. PL R: sing Hom 28c. INJI WO	Cause given in	6 Ott	PERFOR	MED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (D DUE TO (O d. B contributing to de HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN (Month, Day, 1 0 / 3 0 / 28e. PLACE OF 1	R AS A CONSE	resulting 1 28b. TIME INJUING	OTHEI	26, PL R: sing Hom 28c, INJI WO 1 Y	ACE OF DEATH (C) S G Residence JRY AT RKY ES 2 NO	eck only 6 Onl 28d. D	PERFORI	NJURY OC	cured cipi	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (D DUE TO (O DUE TO (O d. S contributing to de B contributing to de 1 Inpettent 2 X E 28e. DATE OF IN (Month, Day. 1 0 / 3 0 /	R AS A CONSE	resulting l	OTHE 4 Nur For URY OTHE 4 Nur FOR URY FOR Street, fact	26, PL R: ming Hom 28c, INJI WO 1 U	ACE OF DEATH (C) S G Residence JRY AT RKY ES 2 NO	6 Ott 28d. D Su Fr. Ch	PERFORI	NO Pred and Number	CURED Cipi	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 25. Validée 6 Could not be determined	DUE TO (D DUE TO (O d. B contributing to de s contributing to de B contributing to de 1 Inpetient 2 E 28e. DATE OF IN (Month, Dey. 1 O / 3 O / 3 28e. PLACE OF Is building, etc.	R AS A CONSE R AS A CONSE R AS A CONSE R/Outpetlent: JURY / 1 9 9 2 NJURY — A1 h C. (Specify)	resulting 28b. TiM INJ 5 : 4 Tome, farm, s	OTHEL OT	26. PL R: sing Hom 28c. INJ WO 1 Vory, office	ACE OF DEATH (Cr. 5 G Residence JRY AT RK? ES 2 NO	e One 28d. Do Sul Fr 281. LC	PERFORI 1 YES 2 1 YES 2 1 YES 2 1 On Street of the policy	NUMBER OCCUPATION OCCU	cured cipi	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29. CERTIFIER 6 Could not be determined	DUE TO (D C. DUE TO (O d. S contributing to de B contributing to de 28e. DATE OF IN (Month, Dey. 10/30/104 28e. PLACE OF I building, etc.	R AS A CONSE	resulting 28b. Tille 18c. 4	OTHE 4 Nur URY 7 P M i q h w d at the 1	26. PL R: sing Hom 28c. INJI WO 1	ACE OF DEATH (C) 5 G Residence JRY AT RES 2 NO end place, and due	6 Otto	PERFORI 1 YES 2 One (Specify) ESCRIBE HOW II O M Bri CATION (Street a 70 km/n, Stele) T C 10 n T C 10 cause(e) and mar	NED? NO NO NO NO NO NO NO NO NO N	cured cipi	AMAILABLE PRIOR TO COMMILETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated Route Number, Tarker
OMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 25. Validée 6 Could not be determined	DUE TO (D C. DUE TO (O d. S contributing to de B contributing to de 28e. DATE OF IN (Month, Dey. 10/30/104 28e. PLACE OF I building, etc.	R AS A CONSE	resulting 28b. Tille 18c. 4	OTHE 4 Nur URY 7 P M i q h w d at the 1	26. PL R: sing Hom 28c. INJI WO 1	ACE OF DEATH (C) 5 G Residence JRY AT RES 2 NO end place, and due	6 Otto	PERFORI 1 YES 2 One (Specify) ESCRIBE HOW II O M Bri CATION (Street a 70 km/n, Stele) T C 10 n T C 10 cause(e) and mar	NED? NO NO NO NO NO NO NO NO NO N	cured cipi	AMAILABLE PRIOR TO COMMILETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated Route Number, Tarker
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29. CERTIFIER 6 Could not be determined	DUE TO (D DUE TO (O	R AS A CONSE	resulting 28b. Tille 18c. 4	OTHE 4 Nur URY 7 P M i q h w d at the 1	26. PL R: sing Hom 28c. INJI WO 1	ACE OF DEATH (C) 5 G Residence JRY AT RES 2 NO end place, and due	6 Otto	PERFORI 1 YES 2 One (Specify) ESCRIBE HOW II O M Bri CATION (Street a 70 km/n, Stele) T C 10 n T C 10 cause(e) and mar	NURY OCCUPATION OF THE PROPERTY OF THE PROPERT	cured cipi	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Atated Route Number, Tarker
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (D DUE TO (O	R AS A CONSE	resulting 28b. Tille 18c. 4	OTHE 4 Nur URY 7 P M i q h w d at the 1	26. PL R: sing Hom 28c. INJI WO 1	ACE OF DEATH (Cr. 5 G Residence JRY AT RKY ES 2 NO end place, and due eath occured at the	6 Otto	PERFORI 1 YES 2 One (Specify) ESCRIBE HOW II O M Bri CATION (Street a 70 km/n, Stele) T C 10 n T C 10 cause(e) and mar	NURY OCCUPATION OF THE PROPERTY OF THE PROPERT	cured cipi	AMAILABLE PRIOR TO COMMILETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated Route Number, Tarker
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Oldsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident 3 Suicide 6 Could not be determined determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (D DUE TO (O d. DUE TO (O d. S contributing to de B contributing to de S contributing to de B contributing to de Contributing to d	R AS A CONSE R AS A CONSE eath but not (R/Outpatient : JURY fear) / 1 9 9 2 / NJURY — At h c. (Specify) y knowledge, d	resulting l	OTHE 4 Nur OTHE 4 Nur FOR URY T P M Street, fact I C I M on, in my c	26. PL R: sing Hom 28c. INJI WO 1	ACE OF DEATH (Cr. 5 G Residence JRY AT RKY ES 2 NO end place, and due eath occured at the	6 Otto 28d. D Sul Fr 28f. LC Un o to the co	PERFORI 1 YES 2 One (Specify) ESCRIBE HOW II O M Bri CATION (Street a 70 km/n, Stele) T C 10 n T C 10 cause(e) and mar	NURY OCC Prediction of the control o	cured cipi	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Atated Route Number, Tarker
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (D DUE TO (O d. DUE TO (O d. S contributing to de B contributing to de S contributing to de B contributing to de Contributing to d	R AS A CONSE R AS A CONSE Path but not R/Outpatient: JURY foar) / 1 9 9 2 / NJURY — At h c. (Specify) y knowledge, d minetion end/or	resulting l 28b. TiM INJ 5 : 4 Tome, farm, tomestigation	OTHEL OT	26. PL R: Baling Hom 28c. INJ WO 1 U Vory, office 7 Q V Ilme, date opinion, d	ACE OF DEATH (Cr. 5 G Residence JRY AT RK? ES 2 NO end place, and due path occured at the 29c. LICENSE NUI	28d. D 28d. D 28f. LC 28f. LC T Ch Un o to the continue, da	one) Ner (Specify) ESCRIBE HOW II O'M Bri O'CATION (Street a	NURY OCCUPY OCCU	cured cipi	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated Route Number, 1 ARCHE PRIOR TO TO COMPLETION OF CAUSE OF DEATH? 1 HOUSE A COMPLETION OF CAUSE OF DEATH? 1 ARCHE PRIOR TO TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF CAUSE OF TO COMPLETION OF TO COMP
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 296. BIGHATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (D C. DUE TO (O d. S contributing to de s contributing to de s contributing to de 1	R AS A CONSE R	resulting in the state of the s	OTHEL 4 In the un OTHEL 4 In Nur E OF URY 7 P M introet, fact i ghw and at the tinn, in my co	26. PL R: Baling Hom 28c. INJ WO 1 U Vory, office 7 Q V Ilme, date opinion, d	ACE OF DEATH (Chief of Death (28d. D 28d. D 28f. LC 28f. LC T Ch Un o to the continue, da	one) Ner (Specify) ESCRIBE HOW II O'M Bri O'CATION (Street a	NURY OCCUPY OCCU	cured cipi	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated Route Number, 1 ARCHE PRIOR TO TO COMPLETION OF CAUSE OF DEATH? 1 HOUSE A COMPLETION OF CAUSE OF DEATH? 1 ARCHE PRIOR TO TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF CAUSE OF TO COMPLETION OF TO COMP
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. Oldsease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident 3 Suicide 6 Could not be determined determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (D C. DUE TO (O d. S contributing to de s contributing to de s contributing to de 1	R AS A CONSE R AS A CONSE Path but not ER/Outpatient: 1992 NJURY — A1 h Knowledge, d Interview of DEATH (ITE	resulting in the state of the s	OTHEL 4 In the un OTHEL 4 In Nur E OF URY 7 P M introet, fact i ghw and at the tinn, in my co	26. PL R: Baling Hom 28c. INJ WO 1 U Vory, office 7 Q V Ilme, date opinion, d	ACE OF DEATH (Cr. 5 G Residence JRY AT RK? ES 2 NO end place, and due path occured at the 29c. LICENSE NUI	28d. D 28d. D 28f. LC 28f. LC T Ch Un o to the continue, da	one) Ner (Specify) ESCRIBE HOW II O'M Bri O'CATION (Street a	NURY OCCUPY OCCU	cured cipi	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Ltated Route Number, 1 ARCHE PRIOR TO TO COMPLETION OF CAUSE OF DEATH? 1 HOUSE A COMPLETION OF CAUSE OF DEATH? 1 ARCHE PRIOR TO TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF CAUSE OF TO COMPLETION OF TO COMP

I-transit clan.

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF WITAL RECORDS, P.O. BOX 68760,

2 🗌

31. DATE FILED (Morth)

BE

9

29b. SIGNATURE AND TITLE OF CERTIFIER

1992

tending phys	as the buris		
TO THE HOSPITAL OR ATTENDING PHYSOLANI THE INVINCENTIFICATE THE GREAT CENTIFICATE BE executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: Alter the contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist		.00
ed by the	uld be de		ed at or
be retain	age 5 sho		o notifi
ре 6 тау	irector, pa		r must b
death. Pa	funeral d		examine
ours after	in by the	r removal	nedical
hin 24 hi	tely filled	mation, c	t, the r
cuted wit	д сотріє	urial, cre	lic even
te be exe	slcian an	prior to b	trauma
h certifica	nding phy	Hygiene	or other
the deat	y the atte	d Mental	Injury,
uires that	signed by	Health an	ws any
4	has been	Dept. of	off3 sho
CIAN: The	-Tifonts	日の日	
обина ви	Ter this co	all with	IMPORTANT: If item 28 is marked at light 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDI	ECTOR: A	s after de	n 28 ls
PITAL OR	RAL DIR	72 hour	f. If Item
THE HOSF	THE FUNE	iled withir	ORTAN
6	2	be f	ž

92 31514 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH To IO. Ear1 Dave Thomas 9:55 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 220-01-6059 1 M 2 F 81 YRS. 08-11-11 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memoria1 Hospital Talbot Easton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d, INSIDE CITY MARYLAND QUEEN ANNES CHESTER 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BOX 201 HARLEY LANE 21619 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BΥ 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ELEMENTARY College (1-4 or 5+) WATERMAN SEAFOOD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE WIL THOMAS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 MILDRED VIOLA THOMAS BOX 201 HARLEY LANE, CHESTER, MD. 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 29c, LOCATION - City or Town, State 1 Denation 5 Other (Specify) CHESTER, MD. WESLEY CHURCH CEM 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BENNIE SMITH SERVICES P.O. BOX 928 HURLOCK 516 SO MATN MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each lina. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Neumonro resulting in death) TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Ka PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: estient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO BY 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and man 42005 VIII 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 400 i Denden DHMH-16 Rev 1/80

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGIS
- 1	1. DECEDENT
	JAMI
- 1	4. SOCIAL SE
	279-3
	90. FACILITY
5	Will
DIRECTO	RESIDEN
H H	10a. STATE
5	Mary
A	10e. STREET
ER	20 L
3	11. MARITAL
F	1 Never N
B	3 Widowe
田	
APLE	Elementa 1
CO	17. FATHER'S Jess
BE	19a. INFORM
2	Rose
	20e. METHOL 1
	21. SIGNATUI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE (OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, La					2. DATE (OF DEATH DAY	YEAR	3. TIME OF DEATH
JAMES MORRIS	SON TIDBALL				9	29	1992	1:40 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birtnday			7. DATE C	DE BIRTH	6. BIRT Coun	HPLACE (State or Foreign
279-32-1720	1 💢 M 2 🗆 F 7	8 YRS.	MONTHS DA	AYS HOURS MIN.	7 8			inois
90. FACILITY NAME (If not institution, gi	ve street end number)		9b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COUNTY OF	
William Hill M			East	on			Talbo	it
IOe. STATE 10b. COU	INTY	10c. C	ITY, TOWN OR L	OCATION				10d. INSIDE CITY
Maryland Ta	albot		Easton					1 YES 2 NO
0e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
20 Lynnbrook T	errace			21601			USA	
1. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN	? (Specify Yea	or No- 14. RAC	CE — American Indian, ck, White, etc.
Never Married 2 XXMarried	FORCES? 1 X YE	DATES		s, specify Cuben, Maxic YES 2 X NO Speci		licen, etc.)	100	offv:
Widowed 4 Divorced	Navy WWII -	Korea						White
15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT	of work done durli	IPATION ng most of working	100		INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)			_		urance Agen
12	4	Insur	ance A	gent	Du	er-Smi	th-Lane	Co.
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, N	fiddle, Maiden S	Sumame)	
Jessy Moore Tie	dball			Grace	Hagem	eyer		
Rosemary L. Ca	llahan			Ave., Luth				
			**			_		
0e. METHOD OF DISPOSITION Burlal 2 Cremation 3 P	Removal from State	20b. PLACE AND DA of cemetary, cremato	ory or other place	e)	DATE		CATION — City or 1	
□ Donation 5 □ Other (Specify) _ 1. SIGNATURE OF FUNERAL SERVICE		Salisbur		ME AND ADDRESS OF F	9-30	Sai	isbury,	MD
I. SIGNATURE OF FUNERAL SERVICE	: LICENSEE			mam Funera		me, P.	Α.	
JOHN 13.	MERCEROR	CFS?	> 200	S. Harris	son S	t., Ea	ston, MI	21601
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions,	b	S A CONSEQUENCE	OF):	FGNZOING	WA-			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	S A CONSEQUENCE S A CONSEQUENCE						
resulting in death) LAST	d							
PART II Other algnificant condi	Itions contributing to deeth			rlying cause given in	n Part I.	24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					— 1	/		1 THIS 2 NO
5 WHO CARE DESCRIPTION TO LICENSE				00 DI AOP CO DESCRIT	No. of co.	-1		10/4
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	-5.02500	OTHER:	26. PLACE OF DEATH (C	neck only on	10)		
1 YES 2 NO	1 Inpatient 2 ER/O		4 Nursing	g Home 5 - Residence	_			72.00
7. MANNER OF DEATH	26e. DATE OF INJUF (Month, Day, Yea		INJURY	e. INJURY AT WORK?	28d, DES	CRIBE HOW IN	NJURY OCCURED	
2 Accident Investigati				1 YES 2 NO	-			
3 Suicide 6 Could not 4 Homicide determine		JRY — Al home, farn Specify)	n, street, factory	, office		ATION (Street a or Town, State)	nd Number or Rura	l Route Number,
TOTALK OTHY	HYSICIAN: To the best of my kr							
2 MEDICAL EXAM	MINER: On the basie of axamina	mon and/or investige	mion, in my opir			ena place, en		
96. SIGNATURE AND TITLE OF CERT	TEIGH			29c. LICENSE N	UMBER		29d. DATE FIGNE	ED (Flonth, Day, Year)
dont	RIVERD			D352	59		9/24	192
O. NAME AND ADDRESS OF PERSON				0				
Kevin J. O'Ke	efe, M.D., 60	6 Dutchm	an's La	ane, Easto	n, MD	21601		100
SEP 30 1992	/32 REGISTRARIS S	IGN. HORE CARE	3					

a daggir figurð ælið

the second of th

TO THE HOSPITAL OR ATTENDIAN THE WAY INCOMED THE GREAT CENTIFICATE DE executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the page 10 may be filled within 72 hours after the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after 1 may be any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF WIAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	TE OF MARYLA		MENT OF H		MENTAL HYGIEN		0.0.0		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Mary	Geneva	OSTLE		October	$\frac{199}{27}$, 199	2 4:00 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign			
1	219-44-2595	M ² 😾 ^F 75	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		iends Creek		
- 3	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY C			
DIRECTOR	Intersection of MD	Rte 418 &	64	HAGERST	OWN RD		Wash	ington		
EC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION	<u></u>		10d. INSIDE CITY		
뚬	MD Washingt	on	Cac	cade				LIMITS?		
AL.	10e. STREET AND NUMBER	<u> </u>	Casi		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER	14529 Pennersville R	load			21719		US	SA		
FUNERAL	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN L				IIC ORIGIN? (Specify Ye	s or No 14. F	RACE American Indian, Black, White, etc.		
BY		YES, GIVE WAR OR DATE			2 NO Specify	n, Puerto Rican, etc.)		Specify: White		
	15. DECEDENT'S EDUCATION		IGA. DECEDENT'S I	PULL COCUPATIO		Law ways as an				
13	(Specify only highest grade complete	9d)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working	166. KIND OF BU	ISINESS/INDUSTF	RY		
PL	Elementary/Secondary (0-12) Colleg	ge (1-4 or 5+)	Salespe			Grocery	Store			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-0.200		18. MOTHER'S NA	ME (First, Middle, Maiden					
	Harry 7.	Shindlede	ecker		Rutl	h M. Kipe	,			
) BE	19s. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a		Toute Number, City or Tov	vn, Stata, Zip Code)		
2	B. Neal Trostle		Box 1	43, Blu	e Ridge	Summit, PA	17214			
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from	m State 20b. P	PLACE AND DATE O		me of		OCATION City of			
	4 Donation 5 Other (Specify)		thel Chu	rch Cem	etery	10/31 Cas	scade, M	1D		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	rulersn				GLOVE F T, Waynesh		Home, Inc.		
	James A. Bowerso			50 5.	DIOau 3	i, waynesi	OLO, FF	1 1/200		
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Retween									
	IMMEDIATE CAUSE (Fine)									
	disease or condition a. Major Head Trauma									
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
YAT.	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
CAL	PERFORMED? ANALABLE									
E .						1 □ YES	2 💢 NO	OF DEATH?		
Σ							- 1	1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)				
SIC		PITAL: patient 2 - ER/Outpati	ient 3 🗆 DOA				ntersecti	ion #418 & #64		
PHYSICIAN: MEDIC	27. MANNER OF DEATH 26	Ba. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c, INJ		26d. DESCRIBE HOW	INJURY OCCURE	Passenger in		
BY	1 Natural 5 Pending 2 K Accident Investigation	ct. 27,199	92 4:00		ES 2 NO	vehicle stru	uck by an	other auto		
	3 Suicide 8 Could not be	building, atc. (Specify)					e north of		
E	4 Homicide determined	Md. Rt.	#418 and	d #64				land 21740		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To									
S S	2 MEDICAL EXAMINER: On th	s besis of examination s	and/or investigation	, in my opi <i>n</i> ion, d	eath occured at the	time, data and place, as	nd due to the cau	rse(s) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0.4			29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)		
TO B	Columne w		000		DO 1062		Octol	ber 28, 1992		
	30. NAME AND ADDRESS OF PERSON WHO COMP			,						
	Edward W. Ditto, III.	M.D., 21	7 West V	Vashingt	on Stree	t, Hagerst	own, Ma	aryland 21740		
	OCT 30 1992	AEGISTRAR'S SIGNAT	TORE							
	// // // // // // // // // // // // //	21.0.046	house							

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 24 hours after death. Page 6 may be retained by the hospital or attending physician. MARYLAND 21215-0020 BALTIMORE, funeral director, In by the ned by the attending physician and completely filled the and Mental Hygiene prior to burial, cremation, or that the death certificate be executed within BOX 68760. RECORDS. P.O.

examiner medical the event. traumatic other 0 injury, i shows any 0 marked, .00

certifical the St this c After TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If item 28 is in 2 2 3

DIVISION OF VIT

HOSPITAL OR ATTENDING PHYSICIAN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 27 3. TIME OF DEATH William Henry Thompson 4:45PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DEM 2 DF (Month, Day, Year) 6/27/76 16 Ma yland 9s. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT Berkley W. Va Berkley Springs 10d. INSIDE CITY LIMITS? 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 25411 114 Myers St. Apt.2 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 □ YES 2 [X] NO Specify: 14. RACE — American Indian, Black, White, etc. 1 💢 Never Married 2 🗌 Married ΒY 3 Widowed 4 Divorced Specify. White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) unemployed/student 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Downey Thompson Frances BE Lorraine Catlett 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 John D. Thompson 114 Myers St.Apt.2 Berleley Springs, WV 25411 pe 20e. METHOD OF DISPOSITION

1 X Buriel 2 Cremetion 3 Removal from Stale OATE 20c. LOCATION - City or Town, State must Greeniawn Menorial Park Oct.30,1992 Williamsport, MD 21795 Donation 5 Other (Specify) 21. SIGNATURE OF THERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME .O.Box # 348 Williamsport, MD 21795 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cerdiac or respiratory arrest, ellock, or heart feilure. List only one ceuse on each line. Approximata interval Retween IMMEDIATE CAUSE (Finel Onset and Death disease or condition Closed head injury
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) 9 days CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) YES 2 NO OTHER Inpatient 2 ☐ ER/Oulpatient 3 ☐ DOA e 5 🗆 Residence 6 Other (Specify) 27. MANNER OF GEATH 280. OATE OF INJURY 10/18/92 28d DESCRIBE HOW INJURY OCCURED LICTUM THROWN FROM HOOD LICTUM WHEN IT STOPPED 26b, TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5:00P M 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State)

Rt 522 & Myers Ber COMPLETED 6 Could not be intersection, road & Myers 25 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner ee stated. MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, occured at the time, date and place, end due to the cause(e) end manner as stated. THURE AND TITLE OF CERTUPIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) Dpty Med Ex 0 09157 10/27/92 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul Snow, M.D 124 w 3rd st Cumb MD 21502 31. DATE FILED (Month, Day, Yeer) 43. REGISTRAR'S SIGNATURE 1992 9 Sinden-Rudall

The same of the same of

282

1	3		5
8	906		9
may	f, p		1
9	ecto		E
30	P		200
5	lera		E
dea	P.		BAB
ffer	#	DOVA	100
53	5	Pe	Per
ğ	9	9	Ē
24	1	tion	the
Ē	etel	ema	
×	dw	5	974
ŝ	00	Iria	9
900	and	Q O	mai
8	cian	0	-
ate	lys!	P D	4
Ē	d DL	jien	ą,
9	형	Ę	20
eat	afte	ITal	2
2	the	¥	į
at	à	and	2
is th	Deut	alth	20
ž	Sig	문	ă
ě	beer	. 9	4
8	35	Dep	22
3	Ē	쏔	me
能	ā	20	-
Ħ	3	Ę	Ì
Ē	Æ	뒃	N.
Ų.	H	É	E SE
2	A.	or de	
. OR ATTENDING WHICH THE HAW requires that the death certificate be executed within 24 hours after death. Page 6 may be ref	DIRECTOR: After Incommend has been signed by the attending physician and completely filled in by the funeral director, page 5 is	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked or item 23 shows any injury or other traumatic event the medical eventures must be an
RA	1	ULS	8
0	0	2	ž

Maryland	s. si 1 D on, give street an nial ENT COUNTY	KM 2 □ F	6. AGE (In yrs. la	st birthday)	insl	OW.		2. DATE OF DEATH DATE 10 25		3. TIME OF OEATH	
9a. FACILITY NAME (If not institute 3561 Cente RESIDENCE OF DECEDI 10a. STATE Maryland	1 dans, give street en	KM 2 □ F						10 23	1992	6:47 A. M	
3561 Cente RESIDENCE OF DECEDIO 100. STATE Maryland	nial :	nd number)	4		MONTHS D	AR IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign buntry)	
3561 Cente RESIDENCE OF DECEDIO 100. STATE Maryland	nial :			1 YRS.				June 11,19	51 II	linois	
	COUNTY	Lane				WN OR LOCATI			F OEATH		
					<u> </u>	icott	Cit	У	Howa	ard	
	Howard	d			111co	ocation tt City	У			10d, INSIDE CITY LIMITS 7 1 YES 2 NO	
100. STREET AND NUMBER						101. ZIP COD			10g. CITIZEN (OF WHAT COUNTRY?	
3561 Centenia 11. Marrial Status						21043			U.S	.A.	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	ed F	ORCES? 1	T EVER IN U.S. AF	AMED NO	If ye		en, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		ACE — American Indian, Nack, White, etc. Specify: White	
(Specific anti-blate	T'S EDUCATION		16a. Di	ECEDENT'S	USUAL OCCU	PATION og most of worki		16b. KIND OF BUS	INESS/INDUSTR		
Elementary/Secondary (0-12)	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					ian	my	u	U.S. G	overnment	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, George H Wins 19a. INFORMANT'S NAME (Type/P) George H Win 20a. METHOD OF DISPOSITION 1 Burlai 2 (Acremation 3 4 Donation 5 Other (Spec) 21. SIGNATURE OF FUNERAL SER						18. MOT	HER'S NAM	ME (First, Middle, Maiden 1a H Wood	Sumame)		
19a. INFORMANT'S NAME (Type/Pi	int)		19	b. MAILING	ADDRESS (S	reet and Number	or or Rural A	loute Number, City or Town	n, State, Zip Code	ty Md 21043	
George H Win	slow			3004	Apt 3	01 N R:	idge	Road Ellic	cott C1	ty Md 21043	
20a, METHOD OF DISPOSITION 1 Burlal 2 ACremation 3 4 Donation 5 Other (Spec		om State	cemetery, cre	amatory or oti	r Disposition ther place)			10/26	cation — city o atonsv1		
21. SIGNATURE OF FUNERAL SEF	WICE LICENSEI	. 1 :	- 1	TO CI	22 NAI	E AND ADDRE	SS OF FAC				
> Harre	1 21.	Wills	ke		411	2 01d	Colum	nbia Pike	Ellicot		
23. PART I. Enter the disease shock, or heaft immediate CAUSE (Finel disease or condition resulting in death) NO LY Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition										
Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	DUE TO	(OR AS A CONSE	OUENCE OF):						
PART II. Other significant co	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED? MAILABLE I									24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
								_		YES 2 NO	
25. WAS CASE REFERRED TO MEI						6. PLACE OF 0	DEATH (Che	ck only one)			
EXAMINENT? 1X YES 2 NO		SPITAL: Inpatient 2	ER/Outpatient 3	DOA	OTHER: 4 A Nursing	Home 5X Re	esidence i	B Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pendi		28a. DATE OF (Month, De	INJURY ny, Year)	28b, TIME INJ	JRY	WORK?	□ NO	28d. DEŞCRIBE HOW II	NJURY OCCURE		
	HOL DE	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, s	treet, factory,	office		28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,	
								to the cause(s) and men		se(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF C	ERTIFIER	1 6	1. 1	_		29c. LiCi	ENSE NUM	BER	29d. DATE SIG	NEO (Month, Day, Year)	
2 30. NAME AND ADDRESS OF PER	SON WHO COM	PLETEO CAUS	E OF DEATH (ITE	M 27) (Type.	Print)		0.C.	M.E.	10	1/25/1992	
			111		n St	reat	Ral	timore	Marul:	and 21201	
31. DATE FILED (Month, Day, Year) OCT 2 9 92			R'S SIGNATURE					··········	wary.	314Q <u>214</u> Q j	

TO THE HIGHTIAL OR ATTENDIAM PRINCIAL THE MAY INVESTIGATE THE CHART CHAINCARD WITH A COURS After Geath. Page 6 may be retained by the host	TO THE RUNEAL UNESTION AND INSECTION AND INSECTION AND ADDRESS ABOUT TO THE RUNEAL UNESTION AND UNESTION AND ADDRESS S Should be detached.	mount and dealers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTAND II item 28 is marked of him 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING P.	TO THE FUNERAL DIRECTOR: ATT II	be filed within 72 hours after death	IMPORTANT: If Item 28 is man

	REGISTRAR			EKIIFI	CALE	OF	DEATH		REG. NO.			
:	1. DECEDENT'S NAME (First, Middle, Lest) RHEA ALIC	CE WALL	LACE						DATE OF DEATH		YEAR	3. TIME OF DEATH 4:30 PM M
ľ	4. SOCIAL SECURITY NUMBER 174-07-6544	5. SEX	6. AGE (In yrs. Is		IF UNDER 1	PASY	IF UNDER 24 H	RS. 7. D	MATE OF BIRTH	199	6. BIRTH Countr	IPLACE (State or Foreign
i-	9a. FACILITY NAME (If not institution, give s		94	YRS.	9b. CITY, TOWN OR LOCATION OF DEATH			8 2 19			nsylvania	
	Dorchester Ger	the facilities of	ospita	1			ridge			DO1		ester :
	10a. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR	LOCAT	ION	-				10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Tall	bot]	East		20.000					1 YES 2 ANO
IERA	29595 Dutchman	n's Lane	e, Uni	t 60	1	101.	21601				USA	VHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	H y	yes, spe	ENDENT OF HI belty Cuben, Ma NO S	exican, Pu	RIGIN? (Specify Yes arto Rican, etc.)	or No-	14. RACI Black Speci	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		ECEDENT'S Give kind of w	rork done du	UPATIO	N Il of working		16b. KIND OF BUS	INESS/IND	USTRY	
립	Elementary/Secondary (0-12)	College (1-4 or 5+)	House		0						100
§	17. FATHER'S NAME (First, Middle, List)			nouse	CMIT		18. MOTHER'S	S NAME (F	irst, Middle, Maiden	Sumame)		
w L	John Vorce Wil	lcox							ary Abb			
2	19a. INFORMANT'S NAME (Type/Print)								Number, City or Town			
	Norma J. McCo.							La				ton, MD 216
	20e NETHOD OF DISPOSITION 1 Nethology 2 Cremetlon 3 Rem 4 Donation 6 Other (Specify)	oval from State		ANDDATEO Tematory or other Linco			ne of letery	10	-8 Bre	entwo		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					am Fu		al Home	.P./	4.	
	23. PART I. Enter the diseases, or o				20	00	S. Ha	rri	son St.	Es	asto	on, MD 216
<u> </u>	23. PART I. Enter the diseases, or a shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. OUE TO	(DR AS A CONSE	VALO GUENCE OF GUENCE OF LOW	te	n	asi)	Dement	La		
	PART II. Other significant condition	s contributing to	deeth but not	resulting is	n the unde	erlying	ceuse giver	n in Part	i. 24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
EDICAL									PERFOR		-	AMPLABLE PRIOR TO COMPLETION OF CAUSE
Σ									1 1 123 2	American		DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHER:	26. PL	ACE OF OEATH	(Check on	nly one)			
<u>S</u>	1 VES 2 NO	1 [/Inpettent 2 []		3 DOA	4 - Nursin				Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	ny, Year)	28b. TIME	JRY M		RK? ES 2 ND		DESCRIBE HOW IN	IJURY OCC	URED	
	3 Suicide 6 Could not be determined	28e. PLACE Of building,	FINJURY — At he atc. (Specify)	ome, farm, st	treet, factory	y, office		281.	LOCATION (Street a. City or Town, State)	nd Number (or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the besis of ax										and manner as stated
#	WONATURE AND TITLE OF CERTIFIER		netic	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			29c. LICENSE		20			(Month, Day, Year)
٩	MAME AND ADDRESS OF PERSON WHI	O COMPLETEO CAUS	E OF DEATH (ITE	EM 27) (Type,	Print)		M.	011	00	- A -	fil	172
3	11. DATE FILED (Month), Day, Year)	In statistical	TS SIGNATURE	100	2 100	3	DIAG	u .	(um)	046	1/1	, DUIGB
	OCT = 6 1992	Formal										

w	ł	ļ
or	F	Ī
***	ú	į
2		
_		
=		
5		
ш		
_		
7		
$\overline{}$		
\circ		
3		
07		
5		
=		
$\overline{\circ}$		
_		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The magnet is the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has we strong by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Death of Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi	be filed within 72 hours after death with the	IMPORTANT: if item 28 is marked, or

31. DATE FILED (Month, Day, Year) OCT 2 9 1992

Julia Pavidson Rondall

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF					ENTAL HYGIEN	E	92	31520
	1. DECEDENT'S NAME (First, Middle, Last) Je, we Down	nel JAMES DO				JEAIII		. DATE OF DEATH	22-	YEAR 92	3. TIME OF DEATH 2 45 P M
	4. SOCIAL SECURITY NUMBER 218-76-8929	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDE	7	IF UNDER 24 H		Month, Day, Year)	1938	8. BIRTHP	LACE (State or Foreign YLAND
RO.	9a. FACILITY NAME (If not institution, give str. 4751 MUDDY CREEK				Y, TOWN OR					NTY OF DE	ATH UNDEL
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND ANN	E ARUNDEL	0.00	TY, TOWN	OR LOCATIO					T	10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 4751 MUDDY CREEK			ALLO	10f. 2	ZIP CODE			1		1 YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2/L/NO	13	WAS DECEN	765 HOENT OF H Hy Cuben, M	ISPANIC lexican, F Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	Iffe. Do NOT	work done	during most			18b. KIND OF BU	SINESS/INC		OK
BE	17. FATHER'S NAME (First, Middle, Last) ISAAC WATKINS 19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES		ALVER	TA E	(First, Middle, Maiden EASTON te Number, City or Tow		Corte	
2	ALVERTA WATKINS		130 H	EARN	E RD.	APT.		ANNAPOL	IS, M	ID. 2	
	20s, METHOD OF DISPOSITION 1 Description Method Metho	E	PLACE AND DATE	CHUR		METER		0/26/92	GALES		
	Jany &	fase		R	EESE	& SON	S MC	ORTUARY, INAPOLIS,	P.A.	2140	1
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one ceuse on e	i the death. Do ach line. Geal CONSEQUENCE (not ente	r the mode	of dying,	such a	s cardiac or resp	iratory an	rest,	Approximate Interval Between Onset and Death Gamon
ERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSEQUENCE (
CERT	resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deeth b	rut not resulting	In the u	inderlying (cause give	n In Pa	rt I. 24s. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN:	1 🗆 YES 2 🌁 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	Nationt 3 DOA	OTHE	R:	CE OF DEATI		only one) Other (Specify)			
BY	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba	28a. DATE OF INJURY (Month, Day, Year) 28c. PLACE OF INJURY building, etc. (Spec	- Al home, farm,	JURY M		RY AT K? S 2 NK	•	M. LOCATION (Street	and Number		oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know	ledge, death occur						nner as stat		and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CENTIFIER	But	- hy)	1	D39			29d. DAT	SIGNED (Month, Day, Year)

Med. Center Owenswell

to a second of the second

ed by the hospital or attending physician. vide detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

S, P.O. BOX 68760, BALTIMORE, MARYLANI	TO THE HOSPITAL OR A ENGINE SHIP STAN THE TAY TWO WAS THE THE FOREST TO THE HOSPITAL OR A ENGINE SHEEF THE THE POST	TO THE FUNERAL DIRECT AT A THE STREAM HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours and compared to the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or leam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR APPRICATE CHASTIAN THE Jaw requires that	TO THE FUNERAL DIRECT AT A THE THIS STREAM HAS been signed by the attending physician and completely filled in by the it be filed within 72 hours and completely filled in by the it be filed within 72 hours.	IMPORTANT: It item 28 is marked, or item 23 shows any	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE OF MA	ARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH A	ND MEN	TAL HYGIEN	E	01021
ď	1. DECEDENT'S NAME (First, Middle, Last)			2. D	ATE OF DEATH		3. TIME OF DEATH
	BERNICE H. WILSON			7	ONTH DA		P2 11:10A M
	4. SOCIAL SECURITY NUMBER 5. SEX		IDER 1 YEAR IF UNDER 24	HRS. 7. D	ATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
3	213-48-3667 1 M 2 D.F.	84 YRS. MONT	HE DAYS HOURS	MIN. (N	fonth, Day, Year)	1	country) Maryland
	9e. FACILITY NAME (If not institution, give street end number)		CITY, TOWN OR LOCATION		0 20 0	9c. COUNTY	
DIRECTOR	Gorsica Hill Nursing Home	C	entreville			Que	en Anne
RE	10e. STATE 10b. COUNTY		N OR LOCATION				10d. INSIDE CITY
	MD Anne Arundel	Anna	apolis				1 YES XX NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	108 Speicher Drive		21401				USA
٦	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 THO	13. WAS DECENDENT OF	HISPANIC OR	IGIN? (Specify Yes	or No- 14.	RACE - American Indian,
BY		R OR DATES	If yee, specify Cuban, 1 ☐ YES 2 ☐ NO	Specify:	rto Ricen, etc.)		Black, White, etc. Specify:
	3 Wildowed 4 Divorced		AA				White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16s. DECEDENT'S USUA (Give kind of work do	ne during most of working		16b. KIND OF BUS	INESS/INDUS	TRY
٦	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retire	d.)				
Ž	8th Grade 17. FATHER'S NAME (First, Middle, Last)	Homemake			Hor		
	17. PAIRIER'S NAME (First, Middle, Last)		18. MOTHE	R'S NAME (Fir	rst, Middle, Maiden	Surname)	
H	Amos Hall				arroll		
၉	19e. INFORMANT'S NAME (Type/Print)		ESS (Street and Number or				
.	Nancy Byrne		eicher Driv	e An	napolis.	MD 2	1401
- 1	20e. METHOD OF DISPOSITION 1/2/Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISI cemetery, crematory or other pia			ATE 20c. LOC	CATION — City	or Town, State
		Hillcrest Co	emetery	10-27-	-92 Anr	anolis	s. MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	,	22. NAME AND ADDRESS	OF FACILITY			ral Home
	Mayne 1. Dupp	4 :	L47 Duke of	Gloud			napolis, MD
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	RAL EFF RAS A CONSEQUENCE OF): RAS A CONSEQUENCE OF):	USION				Interval Batwean Onset and Danth 2 months
S	PART II Other significant conditions contribution to d						
AL	PART II. Other algorificent conditions contributing to de	eath but not reaulting in the	underlying cause give	en in Part i.	. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	HEMI PLEGIA	4 1-14			1 - YES 2	₩ NO	COMPLETION DF CAUSE OF DEATH?
Ξ	MULTI-INFARCT DEM	BUTTA					1 TES 2 TO NO
Ž							
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ОТН	26. PLACE OF DEAT	TH (Check only	(one)		
2		R/Outpatient 3 DOA 4 1	iursing Home 5 - Reeld	lence 8 🗆 O	ther (Specify)		
<u> </u>	27. MANNER OF DEATH 28e. DATE OF IN (Month, Day,	JURY 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. I	DESCRIBE HOW IN	JURY OCCURE	ED
ਙ	2 Accident Investigation	M	1 YES 2 N	10			
ELED	3 Suicide 6 Could not be determined	NJURY — At home, ferm, street, i :. (Specify)	ectory, office	28f. L	OCATION (Street ar City or Town, State)	nd Number or R	iural Route Number,
COMPLEI	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam	knowledge, death occurred at the	e time, date end place, en y opinion, death occured	d due to the	cause(e) end meni	ner es stated.	use(e) and menner as stated.
מנו	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENS	E NUMBER		29d. DATE SIG	GNED (Month, Day, Year)
	Will A Noble is	wo	D 4	158	7	► 10-	27-97
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE HELEN A NOBLE	MAD C.	HESTERT	7711111	I, M		21/220
	31. DATE FILED (Month, Oay, Year) 32. REGISTRAR'S	SIGNATURE	10716101	20/	, 14	V -	-1420
	31. DATE FILED (Month, Oay, Year) OCT 3 0 1992 Julia Saurdison	- Amoule					

/ITAL RECORDS, P.O. BOX 68760,

8	BINSHI	Pis Am	W The	dad or
NO.	ридия	R: Alter	2	1
	OR AN	DIRECT	hours #	fam 2
	HOSPITAL OR A	TO THE FUNERAL DIRECT	filed within 72	IMPORTANT If Item
	THE I	THE	filed	POR
	2	2	2	3

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN			
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	ELIZABETH	ELLEN	WALP					YEAR 92	7:20 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III	r yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTH	PLACE (State or Foreign
	220-16-7486	1 □ M 2-□F	55 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	26	Country	()
	9e. FACILITY NAME (If not institution, give str	reet end number)		b. CITY, TOWN C	R LOCATION OF E	II 16	9c. COUNT		ryland
DIRECTOR	620 Admiral Driv	re_#335		Anna	polis				ındel
E	10+. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
늡	MD Anne	Arundel	Ar	napoli	S			- 1	LIMITS?
AL	10e. STREET AND NUMBER				ZIP CODE		10a, CITIZI	EN OF W	HAT COUNTRY?
ER.	620 Admiral Driv	re #335			21401			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye			- American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 XXO	If yes, spe	2 X XNO Speci	en, Puerto Rican, etc.)		Black	White, etc.
В	3 Widowed 4 Divorced			1 123	Z AJANO Speci	ny.		Specif	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION (completed)	16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDU	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	etired.)	st or working				
를	9		Bus Da	river		School	1		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surneme)		
BE	Arthur Johnson				Gertr	ude Ford			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	DRESS (Street e	nd Number or Rural	Route Number, City or Tow	n, State, Zip C	ode)	
2	Eugene B. Walp, S	r.	1 .			Annapolis			1
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF D	ISPOSITION (No.	me of	DATE 200 LO	CATION C	to as Tax	
- 1	1 Donation 5 Other (Specify)	val from State ceme	tery, cremetory or other D Veteran	s Ceme	terv 11-	02-92 Cro	wnsvi	lle.	Maryland
- 1	21. SIGNATURE OF FUNDAND SERVICE LICE	EMISEE /	, , , , , , ,	22. NAME AN	O ADDRESS OF FA		r Fune		
	▶ Gettien X	Tark		1		loucester	r rune	eraı	Home
\dashv	20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	1	100	T41 D	rke or c	Loucester	St. A	nnap	olis, MD
- 1	23. PART . Enter the diseases, or co shock, or heart fellure. L	omplications that ceused list only one ceuse on ea-	the death. Do not ch line.	enter the mo	de of dying, aud	ch aa cerdiac or respi	ratory arres	st,	Approximate Intervsi Between
ı	IMMEDIATE CAUSE (Fine)								Onset and Death
	disease or condition resulting in death)	Cardea	e cer	ant					1 Kenied
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
z I	Sequentially list conditions,	· Coronary askry deserve						14	
Ĕ		DUE TO (OR AS A	ONSEQUENCE OF):						
2	CAUSE (Disease or injury								
	that initieted events resulting in death) LAST	OUE TO (OR AS A (CONSEQUENCE OF):						
CERTIFICATION	d.								
Ar.	PART il. Other eignificent conditione	contributing to death bu	t not resulting in ti	he underlying	cause given in	Pert I. 24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	□ NO		OF DEATH?
								1	1 TES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL			40.00					
2	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch				
HYSICIAN:	1 YES 2 NO	1 Inpetient 2 I ER/Outpat				8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	286. TIME OF	WOF	NK?	28d. DEŞCRIBE HOW II	NJURY OCCU	RED	
R	2 Accident Investigation	28- Pt 405 OF IN HITH			ES 2 NO				
2 De DI ACE OF IN HIRV. At home down down down						ute Number,			
<u>.</u>	20. CERTIFIED							_	
COMPLEIED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICI	IAN: To the best of my knowled	dge, death occurred at	the time, date	end place, end due	to the cause(a) and men	ner se stated.		
5	2 MEDICAL EXAMINER	On the basis of examination	end/or investigation, in	n my opinion, de	ath occured at the	time, date and place, en	d due to the o	:ause(e)	end manner ea stated.
E E	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
2	Ablen h. Jule	en Mess			130	718			28-53
-	30 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type, Prin	10)					
	JOHN D. JACKSON,		Forest Dr.		polis, l	MD 21401			
	31. DATE FILEO (Month, Oby, Year) 3 0 1	32 REGISTRAR'S SIGNAT	YRE Translate	2					
	001301	JOE gime with	WOOD I I I						

Marin Street Marin and Section 1965

687
BOX
P.0.
_
RECORDS
CC
TAL
*
B
Š
S

phys	buria		
ing	the		
tend	98		
or at	use		
E	of b		
hosp	che		,
the	deta		
à	d be		1
ined	Jour		19
reta	50		1
y be	age		9
ma	0,0		9
9 e 6	irect		1
8	al d		land
eath	fune		1000
ter d	the	Mal.	10
s aft	à	remo	dia
DOU	n pa	0	-
24	1111	tion,	980
jithi.	iete	rema	9
pg ×	dmo	0	0110
150g	b	bung	Spile
9	an a	r to	-
ite b	Sici	pho	-
tifica	듄	ene	that
060	g	F	0 11
leath	atte	nta	2
the c	the	Me	mice
har	5	and	70
es 1	gne	ealth	9
ednii	en Si	of H	hou
W.	e pe	pt.	6
9	e ha	e D	E
1	(FOI	Sta	1
١	E	ğ	Ĵ
j	器	ł	į
1	曹	eath	Ē
END	R	9 1	4
E.	B	育	96
B	E	hour	1
M	SAL	2	2
Sp	JNE	thin	MIT
T W	吊吊	M Pi	ATTA
10	TO THE FUNERAL DIRECTOR After the partitione has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	e file	Jan
F	=	۵	

										9	2	31523
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF	RTMEN	T OF H	EALTH	AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAI	E OF	DEA	ТН	REG. NO).		
	SOPHIE BARBAR	RA ZADC	RETZKY						MONTH D	YAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	<u>ــــــــــــــــــــــــــــــــــــ</u>	a, BIRTI	HPLACE (State or Foreign
	120-07-7167	1 🗆 M 2 📆 🛣	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	21	Count	ew York
	9a. FACILITY NAME (If not institution, give s	treet and number)	·		9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE		-	INTY OF D	
DIRECTOR	Anne Arundel Medi	ical Cent	er	Annapolis						Aı	nne /	Arundel
EG	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
DIR	MD Anne A	Arundel				olis						LIMITS?
AL	10e, STREET AND NUMBER					101	ZIP COO	E		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1534 Gordon Cor				214	03		1	USA			
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13	. WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	s or No-	14. RACI	E — American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES	2XXNO	Specify			Speci	otty:
	15. DECEDENT'S EDUC	CATION	18a, DE	ECEOENT'S	USUAL	OCCUPATIO	ON		16b. KINO OF BU	SINESS /INI	DUCTOV	White
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	No NOT u	work done se retired.;	during mo	st of working	ng	100 (1110 0) 00	3111E337111E	Josini	
COMPLETED		5 plus	— Н	omema	aker				Hom	.e		
00	17. FATHER'S NAME (First, Middle, Last)	7 1					18. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
BE	Efim Bondar							Anna				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) Walter Michael Zadoretzky 1534 Gordon Cove Drive Annapolis, MD 21403											
	20a METHOD OF DISPOSITION		20b. PLACE					Dri	Ve Annapol			
	XX Burial 2 Cremation 3 Rams	1 1	cemetery, cre	ematory or o	ther place	1		10				
	21. SIGNATURE OF FENESIAL SERVICE NO	ENSEE	Пакени	Metrico.	22	. NAME AN	D ADDRE	SS OF FA	26-92 Day			
	reffered S.	Tayly			1	47 D	nike	റെ ദേ	Taylor Loucester	st.	Anna	nome MD
	23. PART I. Inter the diseases, or c	complications that	t ceused the de	esth. Do r	not ente	r the mo	de of dy	ing, suci	h as cerdiec or respi	ratory en	rest.	Approximete
	Ahock, of heart failure. I	List only one caus	se on each ilne	9.								interval Between Onset and Death
	disease or condition resulting in death)	0	CQVC (OR AS A CONSEC	LION	141) pa	the	4				
1		DUE TO	(OR AS A CONSEC	QUENCE O	F):	1		1				Heav
ON	Sequentielly list conditions,	b.	(OR AS A CONSEC	MY		105	.15					
ATI	If eny, leading to immediate ceuse. Enter UNDERLYING	500 10 (ION AS A CONSEC	JUENCE OF	r):							14
ERTIFICATION	CAUSE (Diseese or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
ERI	resulting in death) LAST	d										ļ
O	PART II. Other significent conditions	s contributing to	deeth but not r	resulting	in the u	nderivino	COUSE	alven in	Pert I. 24a, WAS AN	Altmoney		WEST AUTOMATICAL
PHYSICIAN: MEDICAL						derrywig	, couse (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MEO?	240.	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED I									1	NO		OF DEATH?
ä									-			1 - YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					ACE OF D	EATH (Che	ck only one)			
YSI	1 TYES 2 NO	HOSPITAL:	ER/Outpetlant 3	POPOA	4 Nu		5 🗆 Ra	aldenca	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF I (Month, Da		28b. TIM INJ	E OF URY	28c. INJU	RK?		28d. OEŞCRIBE HOW II	NJURY OC	CUREO	
B	2 Accident Investigation	28e. PLACE Of	F INJURY — At ho	The term of	M track too		E\$ 2 _	NO				
8	4 Homicide 8 Could not be	building, r	etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	erwer, tec	nory, ornea			28f. LOCATION (Street a City or Town, State)	ind Number	or Rural R	loute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of	my knowledge de	ath annum	- d and all -	41	Section -					<u>-</u>
MA I	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of ax	amination and/or i	am occum	n, in my	time, data opinion, de	and place, eath occur	and dua	to the cause(s) and man	iner as stat	ed.) and manner as atotal
- 11	296. SIGNATURE AND TITLE OF CERTIFIER		- 0					NSE NUM				
BE	Stuart E.S	Selonu	the cu	i			019	OR :	20	29d, DAT	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OFATH STEE	M 270 /Time	0-(-4)		-1	- 3	20	-	10/2	21-16

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Straut E. Selouidi, W.O. 900

32. REGISTRAR'S SIGNATURE
Julia Daydoon Andress

Straut E Sell
31. DATE FILED (Month, Day, Year)

OCT 27 1992

Rd. Annapolis, and, 21401

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATN
	Tommie Lee Ande		~		AY YEAR	
	Tommie I.ee And. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	erson,	ST HOER 1 YEAR IF UNDER 24 HRS.	11 02	1992	TNPLACE (State or Foreign
	W MAZ (III) I'd	MONE		7. DATE OF BIRTH (Month, Day, Year)	U. BIF	ITNPLACE (State or Foreign intry)
		7 YRS.		10-29-19	55 BA	LTIMORE
	Sa. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF	DEATH
E E	1930 Bennott Blace	1	D = 1 4 2		50 TO 11 TO 10	
I K	930 Bennett Place		Baltimore		<u> </u>	
I III	10a. STATE 10b. COUNTY	10c. CITY, 1'01	MN OR LOCATION			10d. INSIDE CITY
DIRECTOR	MD.					LIMITS?
	10s. STREET AND NUMBER		BALTIMORE			1 XYES 2 NO
¥			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	1822 W. FAYETTE STREET		21223		USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	s or No.— 14. RA	ICE — American Indian,
	1 Never Married 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	K⊓wo	If yes, specify Cuban, Mexica			ack, White, etc.
B	3 Widowed 4 Divorced	i	TES E (E NO Special	7		oc#y: ACK
0	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S USUA	L OCCUPATION	16h KIND OF BU	SINESS/INDUSTRY	
I E	(Specify only highest grade completed)	(Give kind of work di life. Do NOT use retir	one during most of working	TOOL PORTED OF BO	SINESS/INDOSTRE	
ايّا	Elementary/Secondary (0-12) College (1-4 or 5+)		.,			
Σ						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)	
BE (TOMMIE LEE ANDERSON					
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number or Rural	Route Number City or Tow	n State Zin Codel	
2	LEOLA ANDERSON					01000
			FAYETTE STREE			
	1 M Burial 2 Cremation 3 Removal from State cometery.	CEAND DATE OF DIS crematory or other pi	ace)	DATE 20c. LO	CATION — City or	Town, State
1 1	4 Donation 5 Other (Specify) MT .	ZION CEM	ETERY	BAL	TIMORE,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY		
	► (11/0.1) e 1000)	JOSEPH H. BRO	WN JR. FUN	ERAL HON	Æ, P.A.
	23. PART I. Enter the diseases, pr complications that caused the		1913 W. BALTIMOR			3; P.O. BOX 4433
z	shock, or heart failure. List only one ceuse on each in immediate CAUSE (Final disease or condition resulting in death) a. Arthurst Due to (or as a condition of the condition		Cardiovasc	ular dise	asl	Interval Setween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST					
	PART II. Other significent conditions contributing to death but no	of regulting in the	underlying seven alves in	Book / Dr. ump an		
EDICAL	The state of the s	or resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă				1 X YES 2	! □ NO	COMPLETION OF CAUSE OF DEATH?
뿔						1 (X' YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	eck paly one)		
PHYSICIAN:	EXAMINER? DO YES 2 NO HOSPITAL: 1 Input lent 2 FR/Output lent		HER:			
ا≚ا			Nursing Home 5 Alesidence			
급	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED	
À	1 Natural 5 Pending 2 Accident Investigation	1	I YES 2 NO			
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, office	28t. LOCATION (Street	and Number or Run	il Route Number,
	4 Homicide datermined			City or Town, State)		
COMPLETE	20a. CERTIFIER	V12-11-1-12-2			-	
\frac{1}{2}	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,					
ᅙ	2 MEDICAL EXAMINER: On the basic of examination end/	for investigation, in	my opinion, death occured at the	time, date and place, ar	d due to the cause	e(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	ABER	29d. DATE SIGN	ED (Month, Day, Year)
0	Nonald & Which Mo				•	
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (I	TEM 27) / Turne Dallers	OCM	F	11 0	2_1992
	DONALD G WRIGHT MD	······································				
	111		Street Ralt	imore M	larvlan	d 21201
	NOV 1.2 1992	iplace.			7	VV 30 10 U 3.

-	
	١
	7
BOX 68760,	
\sim	
w	
N	
~	
w	
Φ	
×	
_	
U	
m	
ш.	
	١
0	
\circ	
_ •	
о_	
4.6	
U)	
\circ	
_	
00	
=	
\mathbf{c}	
$\overline{}$	
0	
111	
ш.	
_	
-	
-	
_	
_	
-	
11	
_	
\Box	
_	
-	
DIVISION OF VITAL RECORDS, P.O. I	
S	
-	
=	

31. DATE FILED (Month, Day, Year) NOV 1 2 1992

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTA			MENTAL HYGIEN		31323		
	1. DECEDENT'S NAME (First, Middle, Last)	A ()	Ruth Bru			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. S	01	R. last birthday) IF		IF UNDER 24 HRS.	7. DATE OF BIRTH				
	The second street 1	M 2 FF 90		MONTHS DAYS MOURS ANN				HRTHPLACE (State or Foreign country)		
	Sa. FACILITY NAME (If not institution, give street a		98	CITY, TOWN O	R LOCATION OF DE	10-27-0	9c, COUNTY	Maryland		
DIRECTOR		OSPITAL			on p			timere co.		
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION		0.23	10d. INSIDE CITY		
	Maryland Bal	to.	Tows	on				LIMITS?		
FUNERAL	10a. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
Ä	1200 Limekiln				21286			S.A.		
	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ZNO	If yes, spe	cify Cuben, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14,	RACE — American Indian, Black, White, etc.		
B	3 ₹ Widowed 4 □ Divorced	F YES, GIVE WAR OR DATE:	S	1 TYES	NO Specify	r.		Specify:		
<u>a</u>	15. DECEDENT'S EDUCATION (Specify only highest grade compile)		e. DECEDENT'S USI	JAL OCCUPATIO	N	16b. KIND OF BUS	NESS/INDUST	White		
COMPLETED	Elementary/Secondary (0-12) Col	Hege (1-4 or 5+)	life. Do NOT use re	tired.)	it or working					
N P	12		Homema	ker			Home			
	17. FATHER'S NAME (First, Middle, Last)	1106-1-			0.1	ME (First, Middle, Maiden				
B	George W. 190. INFORMANT'S NAME (Type/Print)	натете			Mar		tchell			
TO BE	Charles H. Brunsm	an		e as 10		Route Number, City or Town	n, State, Zip Cod	e)		
8	20a. METHOD OF DISPOSITION	20b. PL		DATE 20c. LO	CATION City	er Tewe State				
	1 Donation 5 Other (Specify)	rom State cameter	cramatory or other	Cemete	erv 11.	1	Balto.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE				D ADDRESS OF FA	CILITY				
	Venales (Ach	ale L			_	1050 Yo Funeral Hor				
10000	23. PART I. Enter the diseases, or compishock, or heart feliure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSIS DUE TO (OR AS A CO	i iina.	enter the mod	de of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximate Interval Between Onset and Death		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DIA SETER MELLITUS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART ii. Other significent conditions cor	ntributing to death but i	not resulting in t	he Underlying	cause given in			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	COMMIT			ACE OF DEATH (Ch	ack only one)				
YSIC	1 YES 2 NO 1	SPITAL: Inpatient 2 ER/Outpatie		THER: Nursing Home	5 - Residence	6 Other (Specify)				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME O	WO	RK?	28d. DESCRIBE HOW to	VJURY OCCURE	0		
ВУ РН	2 Accident Investigation				ES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	et, tactory, office		28t, LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,		
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On							use(s) and manner as stated.		
E C	29b. SUMATURE AND TITLE OF CENTIFIER			T	29c. LICENSE NUI	MBER	29d. DATE SIG	INED (Month, Day, Year)		
TO B	De Joseph Colo				2404	91	▶ 11	10/92		
F	30. NAME ON ADDRESS OF PERSON WHO CON	Z 7620	(ITEM 27) (Type, Pri	Pof. Tor	Ison 2	12/4				
	1.6	Jandson-Randa	RE DZ							
	NOV 1 2 1992	man larger . W								

BALLIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	A STATE THE THE BEACHTHAN SEED SIGNED BY THE STATE THE PROJECT AND STATE THE STATE THE BOAR STATE THE BOAR STATE THE BOAR STATE THE BOAR STATE THE	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	The name of the first of the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The attention of the complete of Health and Mental Hydrere prior to burial, cremation, or	Il tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	500						7	2 31320	
	1 - FOR STATE OF REGISTRAR				HEALTH AND I F DEATH	MENTAL HYGIEN REG. NO.			
	LEITH W BRALY					2. DATE OF DEATH DO		2 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 218 - 64 - 5249 1 M 2 - F	6. AGE (In yrs. In		IF UNDER 1 YEA MONTHS DAY	HOURS MIN.		53 1	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (If not institution, give street end number) 51 WA1 HOSPITAL RESIDENCE OF DECEDENT			_	N OR LOCATION OF DE		% COUNTY OF DEATH Baltimore City		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore Co		100	town on Lo				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10a. STREET AND NUMBER 416 Milford Mill Rd.	101. ZIP CODE 21208		10g. CITIZE USA	N OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	PECENDENT OF HISPAN specify Cuban, Mexica (ES 2 NO Specif)		Black, White, etc. Specify: White					
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or	5+)	retired.)	ATION most of working	16b. KIND OF BUS		STRY		
COMPLET	2. years 17. FATHER'S NAME (First, Middle, Last) Roy E. Braly	Coi	mposit	or		Port C ME (First, Middle, Melden thy Sterner	Surname)	ress	
TO BE	19e. INFORMANT'S NAME (Type/Print)				et end Number or Rural I	Route Number, City or Tow.	n, State, Zip Co		
	Mrs. Laura H. Braly 20a. METHOD OF DISPOSITION 1 Redural 2 Cremetion 3 Removel from State	20b. PLACE	ANDDATED	FDISPOSITION	(Name of	Pikesvill	CATION CH	21208 y or Town, State	
	4 Donation 5 Other (Specify)	Drui	d Ridg		etery 11-	14-92 Pik	esvil.	le, MD	
	Dolm K Agril	1		Lor:	ing Byers	Funeral Di		rs, Inc. wn, MD 21133	
	23. PART i. Enter the diseases, or complications to shock, or heart failure. List only one c	nat caused the dause on each lin	eath. Do no						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	TRICUL,	AR F	BRI	LATION			Onset and Death	
TION	Sequentially list conditions, If any, leading to immediate				PHOMA	av			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	O (OR AS A CONSE	EQUENCE OF)) :					
	PART II. Other aignificant conditions contributing	o death but not	resulting in	the underly	ing cause given in	Part i. 24s. WAS AN	AUTOREY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	RENAL FAILURE CO	GAULO	PATI	HY		PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Chi	ock anti- anni		<u> </u>	
SIC	EXAMINER? HOSPITAL:	☐ ER/Outpatient		OTHER:	ome 5 Residence				
ВУ РН	27. MANNER OF CEATH 28e. OATE (Month, 2 Accident Investigation	PF INJURY Day, Year)	28b. TIME INJU	IRY	NJURY AT WORK? YES 2 ND	28d. OEŞCRIBE HOW II	NJURY OCCUI	RED	
0	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At h	ome, farm, st	reet, factory, o	fice	28f. LOCATION (Street a City or Town, State)	and Number or	Aural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER DEVET	EW m	D. D		HOUSE			IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	ISE OF DEATH /ITI	EM 27) / Emp. /	Delet1	-				

BALTIMORE

Julia Davidson-Rondon

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DEVETTEN, MD SINAI HOSPITAL

NOV 12 1992



31. DATE FILED (Month, Day, Year)

	CTOR	(AM)	MS Uni	versity Hos	pital	150	alt. MI			
		10e. STATE Md.	10b. COUNT	e Arundel	10c. Cf	Pasade				10d. INSIDE LIMITS 1 YES
. 1	FUNERAL D	100. STREET AND 1216 B	each Prome	nade			21226		10g. CITIZEN	England
21215-0020		11. MARITAL STA 1 Never Marri 3 Widowed	ed 2 Married	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	DECENDENT OF HISPANIC apacity Cuban, Mexican, I (ES 2 NO Specify:	ORIGIN? (Specify Yes o Puerto Rican, etc.)	ir No 14.	. RACE — American Black, White, etc. Specify Write
	APLETED		15. DECEDENT'S EDL (Specify only highest grade scondary (0-12)	JCATION a completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of No. Do NOT	work done during se retired.)	ATION most of working	Consti		
Z & 2	8 # W	17. FATHER'S NAI	om George	Bushen			16. MOTHER'S NAME Rose Be	(First, Middle, Meiden St Uinger	mame)	
MA	1 at 1		n G. Bushe	n	196. MAILING 12 Li	tchaton	et end Number or Flurel Flour Way Woodfe	no Number, City or Town,	stone, zip co uth En	igland
TIMORE, Page 6 may be	must	4 Donation	Cremation 3 - Rem 6 - Other (Specify)		20b. PLACE AND OATE complery, crematory or Yreen No	OF DISPOSITION		OATE 20c. LOCA		or Town, State
BALTIMORE, after death. Page 6 may be		21. SIGNATURE C	F FUNERAL SERVICE LI	D. Juli	_	Char	e and address of faciliates S. Zeilia	er & Son S	Inc. E	01 S. onkling
P.O. BOX 68760, atthe certificate be executed within 24 nours intending physician and completely filled in the	Flygen prior in an compressy mean in the med or other traumatic event, the med ERTIFICATION	IMMEDIATE C. disease or corresulting in de Sequentially il if any, leading cause. Enter L CAUSE (Disease that initiated a resulting in de	at conditions, to immediate INDERLYING so or injury wents seth) LAST	c. DUE TO (OR /	AS A CONSEQUENCE O	- L 9:502 9:	encu L	agil	tory arrest	t, Appre Intern Onse
RECORDS, v requires that the de	hows any in	PART II. Other	significant condition	ns contributing to deat	h but not resulting	In the underly	ring cause given in Pa	1 U YES 2	ED?	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2
-1 6 0	A Sa	EXAMINER?	FERREO TO MEDICAL	HOSPITAL:		OTHER:	PLACE OF DEATH (Check			
OF PHYSIC	with the	1 YES 2 27. MANNER OF E Natural 2 Accident	7	26s. OATE OF INJU (Month, Day, Yes	Outputient 3 DOA RY 28b. Til IN	IE OF 28c.	lome 5 Residence 6 INJURY AT WORK?	Other (Specify) Id. DESCRIBE HOW IN.	JURY OCCUR	IEO
DIVISION OR ATTENDING P	0 4 5	3 Suicide 4 Homicide	8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	street, factory, o	ffice 2	H. LOCATION (Street and City or Town, State)	1 Number or I	Rural Route Number,
SPITAL	TANT: If	29s, CERTIFIER Check only 100s	CERTIFYING PHYS	The desired of the basis of sxamin	nowledge, death occur ation and/or investigati	ed at the time, d	late and place, and due to n, death occured at the tim	e, date and place, and	due to the co	//
LINE	보 별 때	1 77	The Paris				SAIT IT CHARLE MANUEL		AND DATE SH	GRED (Month, Day,

ETED CAUSE OF OEATH (ITEM 27) (Type, Print) LD

32. REGISTRAR'S SIGNATURE

he Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

Barry William George Bushen

6. AGE (In yrs. last birthday)

5. SEX

1 - STATE REGISTRAR

8. BIRTHPLACE (State or Foreign Country)

Ingland

10d. INSIDE CITY LIMITS? 1 - YES 200 NO

901 S. Conkling St.

Approximate Interval Betwe

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

S. 6400 St.

DC. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY? England 14. RACE — American Indian, Black. White, etc. "White

3. TIME OF DEATH 414 th

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Pay, Year)

30/1

OHMH-16 Rev 1/89

2

31. DATE FILED (Month, Day, Year)

1 2 1992

Y :

detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ined	Dinor	
reta	50	
2	90	
may.	f, pa	
9	90	
Page	II din	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retain	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	
after	y the	DOVA!
2	d u	P
ě	8	0
124	y fi	ation
withi	pletel	In death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or rem
ted	COL	iai,
Wec.	pug	Ž
60	an	7 to
ite t	Sici	둺
iffe	6	ene
Cert	ding	Š
ath	Itten	tal
e d	the	Me
at th	3	and
S T	ned	둁
Juin	Sig	훈
Je .	peer	0
134	Jas .	8
F	ate	tate
AN	tific	S
Sic	Ce	#
F	ler this certi	×
9	The c	death
L	g	٧
6	5	٦
w	答	1
z	d	ķ.
52	9	50
모	d	Ŧ

2

92 31528 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9° 3. TIME OF DEATH 539 EARGE MAN 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. last bin IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 1 2 H 2 - F 55 9-20 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HARBOR HOSPITAL BALTIMORE 10a, STATE 10c. CITY, TOWN OR LOCATION Od. INSIDE CITY BALTIMORE MD 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2424 HOLLINS FERRY ROAD 21230 USA. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuben, Mexican, Puerto Rican, etc.)
 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) LABORER SOUTHERN STATES FERTILIZER be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BESSIE **BOFFMAN** GEORGE BOFFMAN JR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 2424 HOLLINS FERRY ROAD, BALTIMORE, MD. 21230 BRAXTON 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must CEDAR HILL CEMETERY GLEN BURNIE, MD. examiner 22. NAME AND ADDRESS OF FACILITY
JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ 70 MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, resulting in death) DUE TO (DR AS A CONSEQUENCE OF): 2 week 21 BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF). resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 I DOA 1 YES 2 NO g Home 5 🗆 Residence 6 🗆 Other (Specify) 4 Num 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO 28s. PLACE OF INJURY — All home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exami nion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE NicHolsonm, 29c LICENSE NUMBER Hon

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

grant with

CHO

DHMH-16 Rev 1/89

ages 1, 2, 3 should

	hospi	ached		9
	the	det.		- N
	d D	A P		d al
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	y be	age		be
	maj	0,0		nst
	9 961	Jirect		E
	F.	eral (nine
	deat	Fund #		ехап
	after	y the	mova	cai
	Suno	in b	or rer	ned
Ì	24 h	filled	0, (he r
	thin	etely	emati	nt, t
	M pa	ршо	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	eve
	ecute	o pui	buria	atic
	e e	ian a	or 10	шле
	Safe	hysic	price	T th
	ertific	ng pi	giene	othe
	th C	tendi	al Hy	0
	e dea	he at	Ment	lun,
	at th	70	and	y in
	s th	Deut	atth	an s
	quire	n Sig	f He	IOW
	W re	bee :	pt. o	3 sh
	he is	e has	le De	m 2
	I N	ficati	Stal	r He
	SICIA	certi	h the	1, 0
	PHY	this	I will	rkec
	DING	After	death	m s
	TEN	98	ffer	8 18
	A AT	RECT	urs a	m 2
	AL O	AL DI	2 10	If He
	SPIT	NER/	hin 7	Ë
	S HO	E FU	d with	HTA
	王	H	filek	2
	F	7	8	=

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM ERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Elmer Du	idles Blake	2			2. DATE OF DEATH MONTH D	2 92	3. TIME OF DEATN	PM		
	4. SOCIAL SECURITY NUMBER 234-12-5407 98. FACILITY NAME (If not institution, give	5. SEX 8. AGE (In yrs. Ia)	YRS. MON		IF UNDER 24 HRS. HOURS MIN. B LOCATION OF DE	7. DATE OF BIRTH (Morith, Day, Year) 10/6/191	Cour	T VIRGIN			
ECTOR	FAILS TON GA	n. Hosp.		Falls-	ton	AIN	ovet				
S D D	MARYLAND HAF	RFORD	WHITEFORD				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
A V	2667 WHITEFORD				21160		UNITE				
BY FUN	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	RMED NO	If yes, spe	ENDENT OF HISPAN Icity Cubert, Mexica 2 X NO Specify	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc. chy:			
COMPLETED	16. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+)	ECEDENT'S USU. Bive kind of work of DO NOT use reti	done during mas	N st of working	AGRICULTURE					
BE CON	17. FATHER'S NAME (First, Middle, Last) KENNETH BL	AKE		ME (First, Middle, Melden ROBERTS	Sumame)						
10	19a. INFORMANT'S NAME (Type/Print) H. ROSS BLAKE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2667 WHITEFORD ROAD WHITEFORD, MD 21160										
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State Completely Co	AND DATE OF DI	EL CE	EMETERY	11/9 Su	CATION — City of T				
	21. SIGNATURE OF FUNERAL SERVICE LI	P. Lovelia	se		NS FUNE	ERAL HOME	INC.	DELTA,	PA		
	23. Part I. Effer the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused the discussion control of the cause on each line a. DUE TO (OR AS A CONS.	the	nter the mo	de of dying, such	mas cardiec or respiration		Approximate Interval Betw Onset and Do	reen		
CERTIFICATION	Sequentieity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant condiffer	ns conflibuting to death but not	resulting in th	e underlying	cause given in	Part I. 24a. WAS AN PERFOF	MED?	b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO METHOD LEXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Che				\exists		
	27. MANNER OF DEATH 1 Motural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI WOI M 1 7	RK?	8 Other (Specify) 28d, DESCRIBE NOW I	NJURY OCCURED		\dashv		
TED BY	3 Accident Investigation 3 Suicide 6 Could not be 4 Homicale officermload	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street	, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
COMPLETED	constitution of the contract o	SICIAN: To the best of my knowledge, de ER; On the basis of examination and/or						(s) and manner as state	d.		
TO BE C	29h. SIGNATURE AND TITLE OF CERTIFIE	J. V. NA	7/1		299 ENCENSE, NUM	JY Y	29d. DATE SIGNE	6-42			
-	VAVAI	HO COMPLETED CAUSE OF DEATH (ITE	n	lan	Koc	red. 19	llet	RMILLO	17		
- 1	31. DATE FILED (Month Day Year)	32. REGISTRAR'S SIGNATURE	.00								

Approximate Interval Between **Onset and Death** 30 min

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

KHNK BROADWAY BALTIMORE MARYLAND

ED CAUSE OF DEATH (ITEM 27) (Type, Print) CHURCH HOSPITAL CORPORATION

100 N

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

-	
	١.
	The second designation of the second designa
-	3
9	
æ	,
8	
Φ	
×	
0	1
9	
	-
	3
\circ	•
_	1
Ω.	4
S	1
0	
~	3
<u>u</u>	
0	1
()	
=	
ш	
7	-
	É
=	
\leq	3
-	ž
LL.	3
0	2
_	i
Z	
$\overline{}$	3
$\overline{}$	9
10	i
~	ŀ
>	2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9
	4
_	1
	-
	0

BE 5

CHRISTOPHER

31. DATE FILED (Month, Day, Year)

NOV 1 2 1992

- 1	5 AWWA	E	BE	ZK	0015	CKI		1	OVEMBEI	DAY	YEAR	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER			AGE (in yrs. in:		UNDER 1 YEAR	_	R 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	-		IPLACE (State or Foreig
	217-665487		1 □ M 2 🔀 F	75	YRS.			MIN.	9/17/1	7	M	
l	9a. FACILITY NAME (If not insti							TION OF DEAT		9c. COU	NTY OF D	EATH
	CHURCH HOS	PLTTA	L CORPOR	NOTTA		BALT	IMOR.	E CIT	Y			
		10b. COUNT	7		10c. CITY, TO	WN OR LO	ATION					10d. INSIDE CITY LIMITS?
	MD 100, STREET AND NUMBER				Balti							1 YES 2 NO
	39 N. Pat	tora	on Domle A				10f. ZIP COI			70		VHAT COUNTRY?
	11. MARITAL STATUS	CCIS	12. WAS DECEDENT EN		MED	13. WAS D		21224	ORIGIN? (Specify Ve		S.A	
	1 Never Married 2 M 3 Widowed 4 Divorce		FORCES? 1	YES 2	NO	If yes,	specify Cub ES 2 NO	en, Mexican, F	Puerto Rican, etc.)		Speci Wh:	
	15. DECEE (Specify only h	DENT'S EOU highest grade	CATION completed)	16a. DE	CEDENT'S USU live kind of work Do NOT use ret	AL OCCUPA	TION most of work	ina	16b. KIND OF BU	JSINESS/INC		
ĺ	Elementary/Secondary (0-12	2)	College (1-4 or 5+)									
	17. FATHER'S NAME (First, Midd	die Last)	Unk.	1	lousew	rite	100 1100	THERE MAKE	(First, Middle, Malder			
ı	Louis Ca)					nnie		1 Surname)		
ı	19a. INFORMANT'S NAME (Type	_		19	b. MAILING ADD	PRESS (Stree			te Number, City or Tox	wn, State, Zic	Code)	
İ	Mary Carne	es										re 2122
ľ	20e. METHOD OF DISPOSITION		oval from State	20b. PLACE	ANDDATEGED	SPOSITION	Name of		DATE 200 1/	OCATION -		
Į	4 Donation 6 Other (S	Specify)		St. S	matory or other p	laus	Cem	. 11	/12 Ba	ltim	ore,	MD
	21. SIGNATURE OF FUNERAL I	SERVICE LIE	100	//		22. NAME	ANO ADDRI	ESS OF FACILI	wski & So	on Fu	nora	1 Homo
	23. PART I. Enter the disc	not 1	Delsoc	doles	2/1	281	8 E.	Baltin	more St.	Ralt	imor	21224
	IMMEDIATE CAUSE (Final disease or condition		RECOOK									Onset and D
	resulting in death)		4. /	AS A CONSEC	DUENCE OF):				YCARL	NA		30min
	Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ate G	DUE TO (OR	AS A CONSEC	DUENCE OF):				YCARL	DIA		30 min
	Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	DUE TO (OR	AS A CONSEC	DUENCE OF):	N FM	RCT	ION)		24b.	30 min 30 min Yens
	Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	ate G	DUE TO (OR	AS A CONSEC	DUENCE OF):	N FM	RCT	ION)	N AUTOPSY RMED?	24b.	AVAILABLE PRIOR TO
	Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	DUE TO (OR OUE TO (OR d	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	DUENCE OF): DUENCE OF): DUENCE OF):	e underlyi	ng cause	given in Pau	rt I. 24a. WAS APPERFO	N AUTOPSY RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO BEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe	condition	DUE TO (OR OUE TO (OR d	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF): 26. HER: Nursing Hc	PLACE OF I	given in Par	rt I. 24e. WAS AN PERFO	N AUTOPSY RMED? M∏ NO		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
	Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO IN EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Inv 3 Suicide 8 Co	ate G C Condition	DUE TO (OR OUE TO (OR	AS A CONSECTION AS A CONSECTIO	DUENCE OF): 26. HER: Nursing Hc	PLACE OF I	given in Pari	rt I. 24a. WAS APERFO 1 YES :	N AUTOPSY RMED? NO	CURED	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO	
- 111	Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO 8 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Condition of the condition o	econdition MEDICAL anding restigation build not be termined PHYSII	DUE TO (OR OUE TO (OR OUE TO (OR d. S contributing to dea HOSPITAL: 1 Inpatient 2 ER. 28e. DATE OF INJ. (Month, Day, Ye 26a. PLACE OF IN, building, etc.	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 4	26. HER: Nursing He 1 Cacory, off	ng cause PLACE OF 6 proper 5 R NUMPY AT YORK? YES 2 [Ica	given in Pari	only one) Other (Specify) Id. DESCRIBE HOW Off. LOCATION (Street City or Town, State) the cause(a) and ma	N AUTOPSY RMED? NO INJURY OCC and Number nner as stat	CURED or Rural R	COMPLETION OF CAU OF DEATH? 1 YES 2 NO
	Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO 8 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Condition of the condition o	meding restigation valid not be termined	DUE TO (OR OUE TO (OR OUE TO (OR d. B contributing to dea HOSPITAL: 1 Inpetient 2 ER. 28a. DATE OF INJ. (Month, Day, Ye 26a. PLACE OF IN. building, etc.	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 4	26. HER: Nursing He 1 Cacory, off	PLACE OF ICOMPOSE STATE OF ICO	given in Pari	only one) Other (Specify) Id. DESCRIBE HOW LOCATION (Street City or Town, State, the cause(a) and ma	N AUTOPSY RMED? NO INJURY OCC and Number nner as stat nd due to th	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH

DHMH-16 Rev 1/89

21231

BELLINE E BECZKELISKI

THE RESIDENCE OF SHIPPING

$\overline{}$
0
75
260
68
10
4
~
$\mathbf{\circ}$
m
_
0
_
Δ.
-
10
41
œ
ECO
0
-
0
111
-
~
VITAL F
- 1
_
Q.
_
>
4
Ö
\mathbf{O}
_
Z
_
U
CO
<u>S</u>
_
-
_
\Box
-

CALL MAN LEADED	TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE	TO THE I	IMPORT

	1 - FOR STATE OF MARYING REGISTRAR	AND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		
0	1. DECEDENT'S NAME (First, Middle, Last) TOSEPH: F. L	BECZKOWSKI		SEAR 12229 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS NORTHS DAYS HOURS	24 HRS. 7. DATE OF BIRTH (Month Jony, 194) 8.	BIRTHPLACE (State or Foreign Country)
OR	98. FACILITY NAME (If not institution, give street and number) CHARCH HOSP CORP	96. CITY, TOWN OR LOCATION BALTO	ON OF DEATH Sc. COUNTY	Y OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	16c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	MD 100. STREET AND NUMBER	Baltimore Cit		1 YES 2 NO
FUNERAL	39 N. Patterson Park Av			<u> </u>
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 NO If yes, specify Cuber	F HISPANIC ORIGIN? (Specify Yes or No.— 1, Mexican, Puerto Rican, etc.) Specify:	I. RACE — American Indian, Black, Whita, etc. Specify: White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUS	STRY
IPLE	Elementary/Secondary (0-12) Unk. Unk.	Laborer	City of Ba	ltimore
COMPL	17. FATHER'S NAME (First, Middle, Last)		IER'S NAME (First, Middle, Maiden Surname)	LOIMOIC
H	Unk.	Unk	or Rural Route Number, City or Town, State, Zip Co	
2	Richard Hughes		Baltimore, MD 2.	
	20e_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State CR	b. PLACE AND DATE OF DISPOSITION (Name of metery, crematory or other place)	OATE 20c. LOCATION CH	·
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE	t. Stanislaus Cem.	. 11/10 Baltimo	re, MD
3	Seman De hour	B. Dabrows	ski & Son Funeral Ho	
	23. PART I. Enter the diseases, or complications that cause	d the death. Do not enter the mode of dying	altimore St. Baltimong, such as cardled or respiratory arrea	t, Approximate
	shock, or heart failure. List only one cause on dimmediate CAUSE (Final disease or condition	Control of the contro		Interval Between Onset and Death
	resulting in death) DUE TO (OR AS	PCHTE MI A CONSEQUENCE OF:		
Z	Sequentially list conditions, b.	ASCVD		
ATIC	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):		
FI	that initiated events	A CONSEQUENCE OF):		
CERTIFICATION	resulting in death) LAST			
7	PART II. Other significant conditions contributing to death if	but not resulting in the underlying cause g	iven in Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC			1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
2				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DE	EATH (Check only one)	
HYSI	1 VES 2 NO 1 Propellent 2 ER/Out 27. MANNER OF DEATH 28s. DATE OF INJURY	petient 3 DOA 4 Nursing Home 5 Res	sidence 8 Other (Specify) 28d. 0E\$CRIBE HOW INJURY OCCUI	DEN.
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY WORK? M 1 YES 2		NEU
		Y — At home, ferm, street, factory, office city)	28t, LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLET		wledge, death occurred at the time, data and place,		
	2 MEDICAL EXAMINER: On the beels of examination of the beels of th			GRIED (Mogth, Day, Year)
TO BE	"Gent Chou	a MD I	018977 11/	12/92
	GEORGE K THOMAS M	EATH (ITEM 27) (Typo, Print) D', 100 N BROAD	WAY BALTO M	D 2/23/
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN OV 1 2 1992 Julia Maridon Rand	MATURE	,	



9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

14. RACE

CORK

20c LOCATION - City or To

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME

31. DATE FILED (Month, Day, Year)

2 1992

1

68760,
BOX
P.O.
RECORDS,
L REC
F VITAL
0
VISION
ā

7. DATE OF BIRTH (Month, Day, You 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH S DIRECTOR 10c. CITY, TOWN OR LOCATION 50 FUNERAL 10f. ZIP CODE OX within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER THE FORCEST 1 TYPES 11. MARITAL STATUS 13. WAS DECENDENT OF YES, CIVE WAR OR DATES n, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried If yes, specify Cuty YES 2 THO Specify: BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 186. KIND OF BUSINESS/INDUSTRY jo (0-12) College (1-4 or 5+) and completely filled in by the funeral director, page 5 should be detached o burial, cremation, or removal. once. 17. FATHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Meiden Surname) notified at BE 19b. MAILING ADDRESS (Street and Number or Rural Route 19a. INFORMANT'S NAME (Type/Print) 2 the medical examiner must be 204 METHOD OF DISPOSITION 1 Meriel 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE N complications List only phe 23. PART J. Enter the/diseases, of that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, cause Dn aach lina. Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Finel disesse pr condition a C resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immedista cause. Enter UNDERLYING CAUSE (Disease or injury attending physician certificate be Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST death Mental been signed by the or. of Health and Mer PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part t. the PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY requires that marked, or item 23 shows any 1 YES 2 NO State Dept. ₩ has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO lent 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with 1 Natural 5 Pending Investiga BY 1 YES 2 NO THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After t filed within 72 hours after death 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 69 ETED 8 Could not be 4 Homicide Item 28 COMPL 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the Ilms, date and place, and due to the cause(e) end manner as stated. (Check only one) IMPORTANT: IL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE ammo 7250 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ASS RSEPH HW

32. REGISTRAR'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATH

0

9. BIRTHPLACE (State or Foreign

mo

10d. INSIDE CITY

1 YES 2 NO

Approximata

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 TES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

9

111

COMPLETION OF CAUSE OF DEATH?

Interval Between

Onset and Death

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

STATE REGISTRAR

8760,
BOX 6
P.O.
CORDS
TAL RE
I OF VI
DIVISION

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR MYRTLE M. BROWN NOVEMBER 09 1992 5:30 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 214-01-6187 89 DAYS 1 🗌 M 2 🔯 F OCT.26,1903 MARYLAND permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE ARBUTUS 1 YES TO NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 1701 RITTENHOUSE AVENUE 21227 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES ** 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BŸ Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compi P Elementary/Secondary (0-12) College (1-4 or 5+) detached 3rd GRADE CALVERT DISTILLERY LINE WORKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) 8 To JOHN LANGE LOTTIE PFEIFER notified page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANCES BROWN 1701 RITTENHOUSE AVENUE-ARBUTUS, MD. 21227 9 20a. METHOD OF DISPOSITION
1 Neurial 2 Cremation 3 Re
4 Denation 5 Other (Specify) 20b. PLACE AND DATE DF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, p MEADOWRIDGE MEMORIAL PARK 11/13 ELKRIDGE, MD. examiner 21. SIGNAPURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remo Approximate ahock, or haart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final **Onset and Daath** the disease or condition_ 30 min within resulting in death) traumatic event, executed CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING Lesbertence requires that the death certificate be CAUSE (Disease or injury other (OR AS A CONSEQUENCE OF) that initiated evants resulting in death) LAST 50 Injury. PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL PERFORMED? any COMPLETION OF CAUSE YES 2 NO shows a 1 TYES 2 T NO PHYSICIAN: W. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 ND BY 2 Accident 28e. PLACE DF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 90 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER

(Chart not):

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. TO THE HOSPITAL OF THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE INPORTANT: It IS HOSPITAL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Tybe, Print) DO 2099 Nov. 11, 1992 5 DR. A. BRADLEY DAUGHARTHY - 1264 FRANCIS AVENUE - ARBUTUS, MD. 21227 31. DATE FILED (Month, Day, Year) Davidon Town Line 2 1997

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0	
~	
6.4	
0	
MARYLAND 21215-0020	
-	
10	- 3
47	
4	
O	
-	
6.4	
-	
=	
~	
-	-
4	
=	
~	4
or	
-	
4	
_	
5	
IMORE,	
111	- 1
_	
Œ	
-	
0	- 4
=	
>	
=	1
	1
_	
1	
4	•
BALT	4
	,
	•
_	

	1 - STATE OF MARYLAND / CE	DEPARTMENT OF HEALT ERTIFICATE OF DE	TH AND MENTAL HYGIEN ATH REG. NO	
	1. DECEDENT'S NAME (First, Middle, Last) George Bapisteller			AV YEAR SOLA
	4. SOCIAL SECURITY NUMBER 2.1.7	T birthday) IF UNDER 1 YEAR IF	07/31/2	8. BIRTHPLACE (State or Foreign Country) M D 1 9c. COUNTY OF DEATH
СТОВ	GREATER BALTIMORE MEDICAL		WSON	BALTIMORE
DIREC	MD BALTIMORE	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 5927 JOHNNYCAKE RD	101. ZIP C	207	10g. CITIZEN OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR DR DATES 1945-1	MED 13. WAS DECENDEN 10 If yes, specify C	IT OF NISPANIC ORIGIN? (Specify Yeuban, Mexican, Puerto Rican, etc.)	
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G.	CEDENT'S USUAL OCCUPATION the kind of work done during most of wo Do NOT use retired.) Roofer	orking 166. KINO OF BU	SINESS/INDUSTRY
BE COMPL	17. Father's Name (First, Middle, Last) Francis A. Bapisteller		orners name (First, Middle, Meiden yrtle Agnes Sta	
10		b. MAILING ADDRESS (Street and Num 5927 Johnnycake		
	20s. METHOD OF DISPOSITION 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	AND DATE OF DISPOSITION (Name of metory or other place) View Mem. Garder 22. NAME AND ADD Sterling	n 11/12 S	vkesville, Md. Home, Inc.
	23. PART I. Enter the diseases, or complications that caused the de ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSE	eath. Do not enter the mode of	dying, such as cardiac or resp ARREST	Iratory arrest, Approximata Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
MEDICAL	PART II. Other algnificant conditions contributing to death but not r	esulting in the underlying ceus	se given in Part I. 24a. WAS AMPERFOI	RMED? AMAILABLE PRIOR TO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	F DEATH (Check only one)	
BY PHYS	1 VES 2 ND 1 Impetent 2 ER/Outpatient 3 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	DOA 4 Nursing Home 5 S 28b. TIME OF NURY AT WORK? M 1 YES		INJURY OCCURED
9	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, factory, office	281. LOCATION (Street City or Town, State,	and Number or Rural Route Number,)
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axemination and/or in the basis of axemination and/o			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER MD	29c. i	LICENSE NUMBER 123319	29d. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEI 31. DATE FILED (Month, Day, 1987) NOV 1 2 1992	m aij (19100, Friis)		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.		01000
		arksdale				2. DATE OF DEATH MONTH 1/0 94	92 YEAR	3. TIME OF DEATH 11:30 a
	4. SOCIAL SECURITY NUMBER 217-14-5602	1□ M 2 Å F 67	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/06/25	5 V	IRGINIA
TOR	90. FACILITY NAME (If not institution, give Sto Agnes Hosp RESIDENCE OF DECEDENT			Baltimo		EATH	9c. COUNTY OF Balti	more City
DIRECTOR	10a. BTATE 10b. COUN	w Ltimore City		timore	ATION 10d. INSIDE CITY LIMITS?			
FUNERAL	1405 Popular Grove Street			101.	101. ZIP CODE 21216		United States	
BY FU			1 YES 2 ANO If yes, specify Cuban, Ma		city Cuban, Maxica			CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elemegiary/Secondary (0-12)	UCATION de completed) College (1-4 or 8+)	life. Do NOT use	ork done during mos	done during most of working ired.)		State Co	ollege
BE COM	17. FATHER'S NAME (First, Middle, Last) Richard Thaxton			5021200		ME (First, Middle, Maiden S		orrege
TOE	190. INFORMANT'S NAME (Type/Print) Michelle Alston	2		address (Street and opular G			more, Ma	aryland 2121
	20e. METHOD OF DISPOSITION 1 Di Burlei 2 Cremation 3 Re 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	movel from State cen	p. PLACE AND DATE Onetery, crematory or other	er place Voshe	ll Mem.	11-14-92	ATION — CHy or Baltimon	re, Maryland 70 Fredhilton
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO OR AS A	A CONSEQUENCE OF	Ren	elit.	Tailur	02	Interval Between Onset and Death
MEDICAL	PART II. Other significant condition	d	out not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN A PERFORM 1 YEB 2 (MED?	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? t							
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year) 18b. TIME OF INJURY (RY AT	28d. DESCRIBE HOW INJURY OCCURED		
0	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Poute Number, City or Town, State)					Route Number,		
BE COMPLET		SICIAN: To the best of my know IER: On the bests of examination		, in my opinion, de		time, data and place, and	due to the cause	(a) and manner as stated.
5	80. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	3)-	2255		11-12
para	NOV 1 2 1992	32. REGISTRAR'S SIGN	ature					

0	
Ö	
~	
00	
89	
_	
\times	
0	
O	
m	
0	
O	
P.0	
4	
- 5	
S	
~	
ш.	
0	
()	
RECORDS	
ш	
OC.	
_	
_	
⋖	
TAL	
_	
>	
P	
\circ	
_	
7	
=	
O	
-	
NISI VISI	
=	
>	
=	

	1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AI ATE OF DEATH	REG.	NO.	2 31536
	Name and Address of the Control of t	CRESS S. SEX S. AGE			2. DATE OF DEAT	2 3 19	year 92 16:30 A.
	234-32-9404 9a. FACILITY NAME (If not institution, give in	1 🗆 M 2 📉 F	97 YRS. MC	UNDER 1 YEAR IF UNDER 24 INTHE DAYS HOURS N	(Month, Day, Ye 8-2-18	95 1	BIRTHPLACE (State or Foreign Country) West Virginia
CTOR	Harbor View Hos	,		Baltimore		9c. COUNT	Y OF DEATH
DIREC	Maryland 106. COUNT	Y	10c. CITY, T	OWN OR LOCATION Balt	imore		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL D	100. STREET AND NUMBER 7204	York Drive		101. ZIP CODE	21222		U. S. A.
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 K HO	13. WAS DECENDENT OF H If yes, specify Cuben, it	lexican, Puerto Rican, etc		4. RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	PCATION of completed) College (1-4 or 5 +)	Ille. Do NOT use n	done during most of working tired.)	16b. KIND O	BUSIHESS/INDUS	
d at once. SE COMPLET	8 17. FATHER'S HAME (First, Middle, Last)	George W. Bis	House shoff	16. MOTHER	s HAME (First, Middle,		<u> </u>
be notified TO BE	196. IHFORMANT'S HAME (Type/Print) Vada Conrad			ork Drive Ba	altimore, Ma		
intal Hygiene prior to burial, cremation, or removal. ry, or other traumatic event, the medical examiner must CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert feliure. immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications that ceuse List only one ceuse on ea. CONGESTIVE DUE TO (OR AS A DUE TO (OR AS	each ilne.	#981 Carrol	Marz 1ton Road	ullo Fu Upperco	ills,WestVirgi neral Service ,Maryland21155 st. Approximata interval Between Onset and Deatt
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the after be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or DE COMPLETED BY PHYSICIAN: MEDICAL CE	CHRONIC ATRIA	TOODITIONS CONTRIBUTION TO GET BUT TO THE WART DISEASE ATRIAL FIBRILLATION IVE ATHEROSCIETATIC CARDIOVASCULAR DISEASE MEDICAL 26. PLACE OF DEATH OF			PE 1 YE	S AN AUTOPSY RFORMED? ES 2 M NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M HO
	EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH	HOSPITAL:	patient 3 DOA 4	THER: ☐ Hursing Home 5 ☐ Reside	nce 6 Other (Specify,		
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 YES 2 H	281. LOCATION (S		REO Rural Route Number,
	4 Homicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	ICIAN: To the best of my know ER: On the basis of examination R - M - D	city) riedge, death occurred a on end/or investigation, i	t the time, date and place, an n my opinion, death occured to 29c. LICENSI	d due to the cause(s) and it the time, date and place	I manner as stated e, and due to the case of the case	
	30. HAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pri	10)			

92 31536

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT.	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		31337
	1. DECEDENT'S NAME (First, Middle, Last) Charlotte Chea	tham				2. DATE OF DEATH	AV 10 YEAR	3. TIME OF DEATH 7:07 A M
	219 38 5931	□м2₹БР	the second secon	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 7 (Month, Pay, Year) 7 8 4 1	1. BIS	THPLACE (State or Foreign
TOR	98. FACULTY NAME (IT not institution, give street 1816 McCulloh S RESIDENCE OF DECEDENT				imore	ATH	9c. COUNTY OF	DEATH
DIRECTOR	10a, GTATE 10b. COUNTY		10°Bay	TET MEST	10N			10d. INSIDE CITY LIMITS? 1-YES 2 NO
FUNERAL	104. STREET AND NUMBER 1816 Mc Cullol	n Street		101	21217		10g. CITIZEN OF	WHAT COUNTRY?
B		. WAS DECEDENT EVEN IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ocity Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	s or No- 14, RA	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementery/Secondary (0-12) C	ON splitted) laffege (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wo life. Do NOT use Dieti	rk done during mo retired.)	N st of working		SINESS/INDUSTRY	
BE COM		Villiams			Delor	Food ME (First, Middle, Melden es Coles		
2		Liams				Noune Number, City or Tow ue Balto		21217
	28s METHOD OF DISPOSITION F1. Surial 2 Commetion 3 Persoval 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF elery, crematory or othe CTISON	DISPOSITION (No	me of	DATE 20c. LO	CATION — City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENS Asses A.	EE		James	A. MO	rton & So	ons	id. 21217
	23. PART // Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused only one cause on each post of the post of	ech line.	t enter the mo	de of dying, suci	n as cardiac or respi	iratory srreet,	Approximats Intervel Between Onest and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A Truckes a sep	CONSEQUENCE OF:	trachen	~>			
A	PART II. Other significent conditions co	/	0		ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	ck only one)		1 PES 2 NO
PHYSI	1 € YES 2 NO 1 E 27. MANNER OF DEATH	Impellent 2 ER/Outpe 28s. DATE OF SHJURY (Month, Day, Vise)		OF 28c. INJI	5 K Residence	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
ED BY	1 Metural 5 Pending 2 Accident Investigation 3 Solicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	M 1 7	ES 2 NO	28f. LOCATION (Street e City or Town, State)	and Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: O	: To the best of my knowle	edge, death occurred end/or investigation,	at the time, dats	and place, and due	to the cause(e) and man	oner as stated,	(e) end menner as stated.
10 BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	t mo			29c. LICENSE NUM			D (Month, Day, Year)
	Lawrence G. Seid 31. DATE FILED (Month, Day Year) NOV 12 1992 Su		Mercy A		nter Ba	Itimore Mr.	2	
_	MAN TO 1995	A 100 MART						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos by the thin secrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach and mantal thysien prior to burial, cremation, or removal. The market is market or them 23 shows any injury, or other traumatic event. The medical examiner must be notified at once.	4 hours illed in n, or re
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a law 25 shows any Inliny or other transitions or removal.

	1. DECEDENT'S NAME (First, Middle, Last) LCOL	Coh		ERTIF	EON	COH			2. DATE O		MY G	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-05-9071	5. SEX	8. AGE (In yrs. I			R 1 YEAR	IF UNDER 2	HRS.	7. DATE OF	Day, Ybar)		8. BIRTHP Country)	LACE (State or Foreign MARYLAND
OR	90. FACILITY NAME (If not institution, give		t	THS.	9b. CIT	r, town o	IR LOCATION	N OF DEA	3	-18	Bc. COUN	TY OF DEA	100
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATF: 10b. COUN	N		10c. CIT	Y, TOWN	OR LOCAT	ion	me		-			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	Banc	roff	Ra	API B	101	ZIP CODE	121	5		10g. CITIZ	EN OF WI	IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE V	YES 2 TAR OR DATES	NO			ENDENT OF pelfy Cuban, 2 ND				s or No—	14. RACE Black, Specify	American Indian, White, etc. HIT
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of vir ife. Do NOT us SALESM	vork done retired.)	during mo	ON st of working				SINESS/INDU		
BE CON	17. FATHER'S NAME (First, Middle, Last) MAX COHEN	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)											
TO B	196. INFORMANT'S NAME (Type/Print) Seed e Cohe 3300 CLARKS LA., APT. E BALTO., MD. 21215												
	20s_METHOD OF DISPOSITION 1 © Burial 2 © Cremation 3 © Red 4 © Donation 8 © Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	1	cemetery, c	EANDDATE Corrematory or of AREI	ZION 222.	NAME AN	11/8/	S OF FACI		-	ROSED		
	Sydneyl &	tellu	in		6	010	EVINS REIST	ERTC	WN R	D. E	BALTO.	, MD	21215
	23. PARY Enter the disease, or shock, or hear failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	it caused the case on each life	na.	an	rest	de of dyln	ng, such	as cardia	or resp	iratory arre	st,	Approximate Interval Betwee Onset and Dear
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A CONS	EQUÊNCE OF	Carl	as	Pira	tu	pre	wu	× 16	1'	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	anger failing			in the u	nderlying	j cause gl	ven in P		PERFO	RMEO?		VERE AUTOPSY FINDINGS WASLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient		OTHE 4 Nu	R:	ACE OF DE			Specify)			
ВУ РН	27. MANNER OF DEATH Natural S Pending Accident Investigation	28e. DATE OF (Month, D	Pay, Year)		URY M	1 🗆 1	RK? 'ES 2 🗌		28d. DEŞCI	RIBE HOW	INJURY OCCU	JRED	
COMPLETED	3 Suicide 8 Could not be determined	building,	of INJURY — At I atc. (Specify)						City or	Town, State			ute Number,
COMP	(Check only	ER: On the best of											and manner as stated.
9E	29b. SIGNATURE AND TITLE OF CERTIFIE		unu				29c. LICEN	ISE NUMB	ER			SIGNEO (Month, Day, Year)

Julie Devidon Randelle

NOV 1 2 1992

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	THE CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be netified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AT A THEFTOR: After this certificate has been signed by the attending physician and completely filled in by the fun The compared to be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Mr. Virm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	

31. DATE FILEO (Month, Day, Year)
NOV 1 2 1992

	FOR	CTATE OF MAD	WAND / DEDA					92 31539
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND M DEATH	IENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	Crook	(HAR		OOK)	2. DATE OF DEATH MONTH BI	AY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER (217-07-4394	1 M 2 - F	GE (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	09	BIRTHPLACE (State or Foreign Country) RUSSIA
TOR	90. FACILITY NAME (If not institution, give str BALTIMORE CO. GE RESIDENCE OF DECEDENT		PITAL		OR LOCATION OF DEA		9c. COUNTY BAI	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE	10c. CI	TY, TOWN OR LOCA	TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 7 NO
FUNERAL	100. STREET AND NUMBER 3209 BLUE HILL F	ROAD		10	or. ZIP CODE 2120)7	10g. CITIZEN	N OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Differed	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPANIC pecify Cuban, Mexican, S 2 NO Specify:		or No- 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during muse retired.)	ost of working	166. KIND OF BUS		RE CITY
6 111	17. FATHER'S NAME (First, Middle, Lest) ISADORE	CROOK			18. MOTHER'S NAM	E (First, Middle, Meiden FANNI	-	WILEN
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. STEVEN PLC	TKIN				oute Number, City or Town STERSTOWN,		21136
	20e. METHOD OF DISPOSITION 1	val from State	20b. PLACE AND DATE cametery, crematory or c LOUDON F	other place)				or Town, State
	21. SHOWATURE OF FUNERAL SERVICE LICE	NSEE 110	A A	22. NAME A	ND ADDRESS OF FACE		INSON	& BROS., INC.
	23. PARK I. Enter the diseases, or co	emplications that caused ist only one cause or	sed the death. Do	not enter the mo	ode of dving, such	se cardiac or reani	ratory arrest	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	GOST TO OR A	S A CONSEQUENCE O	inal 1	Bleed	- Cardiac of reap		interval Between Onset and Death
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	West	val	Bleed	Se cardiac of resp.	and y	interval Between
CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A:	S A CONSEQUENCE O	inal (4)	Bleed			interval Between
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A:	S A CONSEQUENCE O	inal (4)	Bleed		AUTOPSY MED?	interval Between
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	S A CONSEQUENCE OF DUT NOT RESULTING	In the underlying 26. Pt	g cause given in Po	Prt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR A)	S A CONSEQUENCE OF DUTY TO THE PROPERTY OF THE	PF: 26. PF: OTHER: 4 Naring Homes E OF 26c. INJ	g cause given in Po	Prt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERREO TO REDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 5 Could not be	DUE TO (OR AS OUE TO (OR AS OU	S A CONSEQUENCE OF DUTY NOT THE STATE OF THE	26. PINDING MEDICAL ME	g cause given in Policia Check to the supervision of the supervision o	Prt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NO	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO REDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide S Could not be determined	DUE TO (OR AS OUE TO (OR AS CONTributing to destr CONTRIBUTION CONTRIBUTION AND CONTRIBUTION C	S A CONSEQUENCE OF S A CONSEQUEN	PF: 26. PF: 27. PF: 28. PF: 4 Nursing Hom MC 1 1 1 1 1 Street, factory, office	g cause given in Property of the Supervision of Sup	Brt I. 24a. WAS AN PERFOR 1 YES 2 North one) Other (Specify) 28d. DESCRIBE HOW IF City or Yown, Stete)	AUTOPSY MED? NO NO NO NURY OCCUR	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO REDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29a. CERTIFIER Certifying Physicic Check only Certifying Physicic Check only	DUE TO (OR A: OUE TO	S A CONSEQUENCE OF S A CONSEQUEN	26. Pt. OTHER: 4 Nursing Horn HE OF 26c. INJ. URY M 1 1 1 street, factory, office	g cause given in Police LACE OF DEATH (Check The S Residence 6 URPY AT PKS 2 NO The S Residence 6 The	Brt I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW IF City or Yown, Stee) the cause(e) end man me, date and place, and	AUTOPSY MED? NO NURY OCCUR Ind Number or F	Interval Setween Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Purel Route Number,
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation and Suicide and Suicid	DUE TO (OR AS OUE TO	S A CONSEQUENCE OF SA CONSEQUE	PF: 26. PF: The underfying the und	g cause given in Proceedings of the state of	Brt I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW IF City or Yown, Stee) the cause(e) end man me, date and place, and	AUTOPSY MED? NO NURY OCCUR Ind Number or F	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAR ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 3 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS OUE TO	S A CONSEQUENCE OF S A CONSEQUEN	PF: 26. PF: The underfying the und	g cause given in Proceedings of the state of	Brt I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW IF City or Yown, Stee) the cause(e) end man me, date and place, and	AUTOPSY MED? NO NURY OCCUR Ind Number or F	Interval Setween Onset and Death 24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

week and the same of

DIVISION OF VITAL RECORDS, P.O. BOX 68760, ATTENDING a

품

23

pital of attending physician.	of for use as the hurial-transit nermit Page 1.9.2 should	of the state of th		
mes and the count commence of exceeded white the mount alter usault. rage o may be retained by the mor	signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	lealth and Mental Hygiene prior to burial, cremation, or removal.	vs any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOOLING OF THE PROPERTY OF THE PARTY OF	THE FUNERAL DIRECTOR: After this certificate has been	filed within 72 hours after death with the State Dept. of I	PORTANT: If item 28 is marked, or item 23 short	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH Ne (ROSE CRANE) 30 50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State 1 M 2 N F 9e. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR HESIDENCE OF HOWAR pidanc 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL 1 YES 2 NO **JESSUP** FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8668 CONCORD DRIVE 20794 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE -Black - American Indian, White elc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puarto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Whi COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Billing 2 G.D. SEARLE COMPANY ler/2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT KATOFSKY MINNIE SHERMAN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. SHIRLEY CORBETT 8668 CONCORD DR., JESSUP, MD 20794 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) WALDHEIM 11-9-92 FORESTPARK, IL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 eno 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or reepiretory arrest, Approximate ehock, Dr heert failure. Liet Dnly one cause Dn each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease Dr condition resulting in death) AThe Nuxlenous Conon my DUE TO (DR AS A CONSEQUENCE OF): perter sion PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING IABETES MELLITUS CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reculting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MILABLE PRIOR TO OMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 YES 2 -NO 1 | Inpatient 2 | ER/Oulpatient 3 | DOA rsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To like bast of my knowledge, desth occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination investigation, in my opinion, death occured at the time, date and place 29b. SIGNATURE AND TITLE OF CERTIFIER! BE LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) UFFE ND 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAURIC MD 9650 SAMIAGO Rond 21045 22. REPOSTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)
NOV 1 2 1992

-	-
MARYLAND 21215-0020	1
2	
\simeq	
Ÿ	
LO.	1
-	
N	
-	
2	
-	
ш	
Z	1
4	ı
-	4
$\overline{}$	
4	3
~	-
-	
ш	
Œ	
\overline{C}	
\simeq	
2	
BALTIMORE,	4
_	3
⋖	-
m	1
_	4
	- !
	4

FOR STATE REGISTRAR

	24 hours
20,	within
X 68/60	be executed within 24 ha
3	2
CO. BOX 68	equires that the death certificate
7	death
ä	the
ב	that
VII AL RECORDS	requires
3	ME
4	The
5	IAN:
DE OF	NG-PHYSICIAN: The
Z)	Se Se
	Z

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8903 Harford Rd

32. REGISTRAR'S SIGNATURE

Gracito Patricio

NOV 12 1992

										2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
			CAS	SELI	ı						9		
								-		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
				34	YRS.				.5-			Mar	cyland
									ON OF DE	EATH	9c. COUI	NTY OF D	EATH
		Center	Perr	ing	Pkwy	Bal	timo	ore			Bal	timo	re
					10c. CIT	r, TOWN	OR LOCAT	ION					10d. INSIDE CITY
Maryland B	Balti	more			T	'owsc	n						LIMITS?
10s. STREET AND NUMBER							100	, ZIP COC	E		10g. CITI	ZEN OF Y	
302 E. Joppa	Rd.						- 1	212	36		U.	S.A.	
11. MARITAL STATUS											s or No—	14. RACE	E — American Indian,
	4				0						- 1	Speci	k, White, etc.
												Whi	te
(Specify only highes	'S EDUCAT	ION npleted)		(Gh	e kind of v	vork done	CCUPATION during mo	DN ist of work	ng	16b, KIND OF BL	ISINESS/IND	DUSTRY	
	(College (1-4 or 5 d	+}		11								
	netl	·		En	gine	er						g	
and the control of the latest and th	mar)				7 7						_		
	nt)					ADDRES	2 (01-1-1						rg
				130									
20s. METHOD OF DISPOSITION			201	PLACEA	_				TOV				Parts Parts
1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State cemetery, cre-						her place)							1.5
21. SIGNATURE OF FUNE LAL BERVICE LICENSEE					ор з	_					wson,	Ma.	
10	1						Ruck	Tov	son	Funeral H	ome,	Inc.	
Madrey						1050 York Rd. Towson, Md. 21204							
iMMEDIATE CAUSE (Final disease or condition	Bilure. Lia	t only one of	on e	ach line.					mg, add	ii as coldisc bi loop	matory and	, wat,	Approximate interval Between Onset and Deati
resulting in death)		DUE TO	(OB-AS)	CONSEC	UENOE OF								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	DUE TO	(OR AS A	A CONSEQUENCE OF A CONS	4	7):	R E	en M	20	e cup	C: o	L)L	e
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	DUE TO	(OR AS A	A CONSEQUATION OF THE PROPERTY	UENCE OF	7: 2 VS	2) -			Part I. 24a. WAS AF	N AUTOPSY		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO	(OR AS A	A CONSEQUATION OF THE PROPERTY	UENCE OF	7: 2 VS	derlyin	g cause	given in	Part I. 24a. WAS AI PERFO	N AUTOPSY		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant con	ICAL H	DUE TO DUE TO DUITIBUTING TO	(OR AS A	A CONSEQUENT OF THE PROPERTY O	UENCE OF	7: 2 VS	iderlying	g cause	given in	Part I. 24a. WAS AF	N AUTOPSY		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIE EXAMINED? 1 PR 2 NO	ICAL H	DUE TO DUE TO DOIT/Ibuting to	(OR AS A death b	A CONSEQUENT OF THE PROPERTY O	UENCE OF	n the ur	26. Pt	ACE OF I	given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify)	N AUTOPSY RMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant con	ICAL H	DUE TO DUE TO DUITIBUTING TO	(OR AS A death b	A CONSEQUENT OF THE PROPERTY O	UENCE OF UEN	other	26. Pi	G CRUSE ACE OF I O 5 □ R URY AT HK?	given in	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINERY 10 VFS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig	ICAL H	DUE TO DUE TO DUE TO DOSPITAL: Inpatient 2 28e. DATE OF (Month, D.	(OR AS A death b	A CONSEQUENT TO THE PROPERTY OF THE PROPERTY O	UENCE OF UENCE OF DOA 28b. TIM	other	26. Pt	ACE OF I	given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW	N AUTOPSY RMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient to mediate can be sufficient to mediate cause cause can be sufficient to mediate cause can be sufficient to mediate cause can be sufficient to mediate cause cause can be sufficient to mediate ca	g gation not be	DUE TO DUE TO DOINTIBUTING TO DOINTIBUTING TO DOINTIBUTING TO DOINTIBUTING TO DOINTIBUTING TO DUE TO	(OR AS A death b	A CONSEQUENCE OF THE PROPERTY	UENCE OF UENCE OF DOA 28b. TIM	other	26. Pt	ACE OF I	given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify)	N AUTOPSY RMED? 2 NO INJURY OCC	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER 1 YPS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 3 Suicide 8 Could redetermine Conditions of the Could redetermine Cause CERTIFIER CONDITIONS NATIONAL CONDITIONS NAT	ICAL H	DUE TO DUE TO DUE TO DITTIBUTING TO DITTIBUTING TO DUE TO DUE TO	death b	A CONSEQUENCE OF A CONS	DOA 28b. TIM	or the ur	26. Pi	g cause ACE OF I O 5 R URTY AT PES 2 [given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stets	N AUTOPSY RMED? 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER 1 YPS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 3 Suicide 8 Could reduce determine the condition of the	g gation not be ined	DUE TO DUE TO DUE TO DITTIBUTING TO DITTIBUTING TO DUE TO DUE TO	death b	a consequence of a cons	DOA 28b. TIMI	OTHE	26. Pi 3: Bing Hom 28c. INJ WO 1 U	g cause ACE OF I O 5 R URTY AT PKS 2 [o end place	given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stets to the cause(e) and me	N AUTOPSY RMED? 2 NO INJURY OCC	CURED or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDICELAMINERY 1	ICAL H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO DUE TO DUE TO DITTIBUTING TO DITTIBUTING TO DUE TO DUE TO	death b	a consequence of a cons	DOA 28b. TIMI	OTHE	26. Pi 3: Bing Hom 28c. INJ WO 1 U	g cause ACE OF I O 5 R URTY AT PKS 2 [o end place	given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stets to the cause(e) and me	N AUTOPSY RMED? 2 NO INJURY OCC	CURED or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER 1 YPS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 3 Suicide 8 Could reduce determine the condition of the	ICAL H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO DUE TO DUE TO DITTIBUTING TO DITTIBUTING TO DUE TO DUE TO	death b	a consequence of a cons	DOA 28b. TIMI	OTHE	26. Pi 3: Bing Hom 28c. INJ WO 1 U	g cause ACE OF I o 5 R URY AT RK? YES 2 [o end place eath occur eath occur	given in	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Steet City or Yown, Steet to the cause(e) end me time, date and place, a	N AUTOPSY RMED? 2 NO INJURY Occurrent Number)	CURED or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1 1 1 3	4. SOCIAL SECURITY NUMBER 214-12-8010 9a. FACILITY NAME (II not institution Meridian Nurs RESIDENCE OF DECEDE 10a. STATE 10b. II Maryland 10a. STREET AND NUMBER 302 E. Joppa 11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 12 Yrs 17. FATHER'S NAME (First, Middle, L William 19a. INFORMANT'S NAME (Type/Pric Mary Sue Casse 20a. METHOD OF DISPOSITION 1 Donation 5 Other (Specif 21. SIGNATURE OF FUNEIUL LEIN 22. PART I. Enter the disease shock, or heart fit IMMEDIATE CAUSE (Final	4. SOCIAL SECURITY NUMBER 214-12-8010 9a. FACILITY NAME (II not institution, give street Meridian Nursing RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Balti 10c. STREET AND NUMBER 302 E. Joppa Rd. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced 15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) 12 yrs 17. FATHER'S NAME (First, Middle, Last) William 19a. INFORMANT'S NAME (Type/Print) Mary Sue Cassell 20a. METHOD OF DISPOSITION 1 Denstion 5 Other (Specify) 21. SIGNATURE OF FUNEILL BETVICE LICEN 23. PART I. Enter the diseases, Dr Conshock, or heart feliure. Lia immediate CAUSE (Final disease or condition	4. SOCIAL SECURITY NUMBER 214-12-8010 9a. FACILITY NAME (If not institution, give street and number) Meridian Nursing Center RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Baltimore 10c. STREET AND NUMBER 302 E. Joppa Rd. 11. MARITAL STATUS 1 Never Married 2 Merried 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 yrs 17. FATHER'S NAME (First, Middle, Last) William 19a. INFORMANT'S NAME (First, Middle, Last) William 19a. INFORMANT'S NAME (First, Middle, Last) William 19b. INFORMANT'S NAME (First, Middle, Last) William 19c. INFORMANT'S NAME (First, Middle, Last) William 19d. INFORMANT'S NAME (First, Middle, Last)	4. SOCIAL SECURITY NUMBER 214-12-8010 9a. FACRITY NAME (If not institution, give street and number) Meridian Nursing Center Perr RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Baltimore 10c. STREET AND NUMBER 302 E. Joppa Rd. 11. MARITAL STATUS 1 Never Married 2 Merried 13 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 yrs 17. FATHER'S NAME (First, Middle, Last) William 19a. INFORMANT'S NAME (Type/Print) Mary Sue Cassell 20a. METHOD OF DISPOSITION 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEILL BETVICE LICENSEE 22. PART I. Enter tha diseases, Dr complications that cause shock, or heart feliure. List only one oduse on elimate disease or condition	4. SOCIAL SECURITY NUMBER 214-12-8010 9a. FACILITY NAME (# not institution, give street and number) Meridian Nursing Center Perring RESIDENCE OF DECEDENT 10b. COUNTY Maryland 10c. STATE 10b. COUNTY Maryland 11c. WAS DECEDENT EVER IN U.S. ARR FORCES? 1	214-12-8010 1 M 2 F 84 YRS. 30. FACILITY NAME (If not institution, give street and number) Meridian Nursing Center Perring Pkwy RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Baltimore 100. STREET AND NUMBER 302 E. Joppa Rd. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs 17. FATHER'S NAME (First, Middle, Last) William Cassell 180. MARITAL STADE 190. MARITAL STADE 190. MARITAL STADE 100. STREET AND NUMBER 302 E. Joppa Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO IF YES, GIVE WAR OR DATES 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs 10. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs 13. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs 140. DECEDENT'S (Give kind of v. life. De NOT US 150. MAILING 17. FATHER'S NAME (First, Middle, Last) William Cassell 200. PLACE AND DATES 200. PLACE AND DATES 201. PLACE AND DATES 202. METHOD OF DISPOSITION 1 Deurisi 2 M Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. PART I. Enter the diseases, Dr Complications that caused the death. Do not shock, or heart failure. List only one oduced on each line. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. DECEDENT STATUS 14. DECEDENT STATUS 15. DECEDENT STATUS 16. DECEDENT STATUS 16. DECEDENT STATUS 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT STATUS 19. MAILING 19. MAILING 200. PLACE AND DATES 201. PLACE AND DATES 202. PLACE AND DATES 203. PART I. Enter the diseases, Dr Complications that caused the death. Do not shock, or heart failure. List only one oduced on each line.	4. SOCIAL SECURITY NUMBER 214-12-8010 1	4. SOCIAL SECURITY NUMBER 214-12-8010 1 M 2 F	4. SOCIAL SECURITY NUMBER 214-12-8010 1 M 2 F 84 VRS. 8. AGE (In yrs. lest birthday) 84 VRS. 84 VRS. 80 MONTHS DAVE HOURS 95. CTY, TOWN OR LOCATI MORTING IN Individual COLORS 96. CTY, TOWN OR LOCATI Meridian Nursing Center Perring Pkwy 84 Timore RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. STATE 106. COUNTY 106. STATE 106. COUNTY 107. STATE 108. STATE 109. MAILING ADDRESS (Street and Number of Complety) 109. STATE 109. MAILING ADDRESS (Street and Number of Complety) 109. MAILING ADDRESS (Street and Number of Complety) 109. STATE 109. MAILING ADDRESS (Street and Number of Complety) 109. STATE 109. MAILING ADDRESS (Street and Number of Complety) 109. MAILING ADDRESS (Street and Number of Com	4. SOCIAL SECURITY NUMBER 214-12-8010 1	GEORGE WILLIAM CASSELL 4. SOCIAL SECURITY NUMBER 2.14-12-8010 5. SEX 3. AGE (in yrs. lest birthday) FUNCER 1 YEAR FUNCER 21 MRS. (Moorthos) MAIN. (Moorth, Ogy. Wear) 10-25-08 8. FACILITY NAME (if not institution, give street and number) Meridian Nursing Center Perring Pkw) Baltimore RESIDENCE OF OECEDENT 109. STATE 109. STATE 109. COUNTY Baltimore 109. STATE 109. S	GEORGE WILLIAM CASSELL 4. SOCIAL SECURITY NUMBER 2. SCHAL SECURITY NUMBER 2. SCHAL SECURITY NUMBER 2. SCHAL SECURITY NUMBER 2. SCHAL SECURITY NUMBER 3. SEX 5. SADE (in yrs. lest birthday) 5. SEX 6. ADE (in yrs. lest birthday) 6. STRES 6. ADE (in yrs. lest birthday) 6. STRES SHALL SHALL SHALL SET SHALL SHALL SET SHALL SET SHALL S	GEORGE WILLIAM CASSELL 8. AGE (In yr. lest birthday) FUNCET 1982 1982 100-25-08 1. AGE (Completed) 1.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Md.

5:30 P.

Approximate

Onset and Death

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

•	a
i	4
	dea
)	flor
	2
	ho
,	2
5	ithin
)	3
	PYRCITE
	5
)	cate !
	Cartifi
	death
	tho
	that
	OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death
	ALC:
	É
	PIAN-
	PHYSIL
	ING
	ATTENE
	R
	-

Arthur Joseph Diffenbaugh Sr. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 217-20-3913 DAYS HOURS page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH 819 S. Eaton Street Baltimore BY FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 819 S. Eaton Street 21224 U.S.A. age 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 Merried Specify White 3. Widowed 4 Divorced 16a. DECEOENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EOUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) hauffeur Trucking notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname, Harry Diffenbaugh ora Knorr BE 19e. INFORMANT'S NAME (Type/Print) 19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1246 Willow Road Dundalk, Md. 21222 2 Harry Diffenbaugh e e 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must Buriel 2 Cremation 3 R director. conferent cremetory or other place) 11-13-92 Eastwood. Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 901 S. Conkling St. Charles S. Zeiler & Son Inc. the medical 23. PART I. Enter the disease, or compléctions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the attending physician and completely fille Mental Hygiene prior to burial, cremation, the Myo conduit In disease or condition resulting in death) other traumatic event, orana arten MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 6 Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS signed by the shows any I AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? Carrona 1 - YES 2 - NO pt, of h s certificate has been the State Dept. of d. or item 23 sl BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Nome 5 Residence 6 □ Other (Specify) 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY this c 28c. INJURY AT WORK? marked, 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 🗌 NO DIRECTOR; After the hours after death w 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide MPODIANT: If Item 29e. CERTIFIER
(Chack nature)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. Ameral Junio 72 h 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIERS 29c. LICENSE NUMBER BE heto, mp. Nobert 11-12-92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 410-732-8819 BALTO. Md. Bank 57. 232 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF OEATH

31. DATE FILED (Month, Day, Year)
NOV 1 2 1992

of a Marian and a Marian

2000

BALTIMORE, MARYLAND 21215-0020

185

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMI CERTIFICA			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	Е.		IGGS,	JR	2. DATE OF DEATH DATE NOVEMBER 7	, 1992	3. TIME OF DEATH 7:37 A M
	4. SOCIAL SECURITY NUMBER 213-30- 7466 9a. FACILITY NAME (# not institution, give s	1 ₩ 2 □ F 58	YRS. MONT		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Mapth, Day, Mar) 4-12-1934	_ l °	ountry) Md
стов	THE JOHNS HOPKI				RE CITY	ATH	BALTI	MORE CITY
DIRE	10a. STATE 10b. COUNTY	,	Baltir		ION			10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO
NERAL		rive		101.	21215		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 Y YES :	2 NO	If yes, spe		HC ORIGIN? (Specify Ver n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)	Ba. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during mos	N st of working	16b. KIND OF BUS	SINESS/INDUST	Pry
ed at once.	17. FATHER'S NAME (First, Middle, Last) Charles Diggs, S 190. INFORMANT'S NAME (Type/Print)	R			Cordelia	ME (First, Middle, Maiden a V. White		
be notified TO Bi	I rene 0. Diggs		76 2527 Dri	uid Parl	k Drive Ba	altimore, Md	21215	
aust	1 O Surial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from State cemete	ACE AND DATE OF DIS BY, Cremetory or other pl BAYY I SON FOR	rest Ve		111392 Ow	ings Mi	,
oval. al examiner	· Dala	March		Marsch 4366h	F/H West Wabash Avei	nue		
rial, cremation, or removal. c event, the medical examiner must be notified at once. TO BE COMPI	23. PART I. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	ne death. Do not ei	nter the mo	arrest	h as cardiac or respi	iratory arrest,	Approximate interval Between Onset and Death
Hygiene prior to bus or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	fail	me onto			× 2day × (day
of Health and hows any I MEDICA	PART II. Other significant condition	contributing to death but	not resulting in the	underlying	cause given in	Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
vith the State Dept. ed, or Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Che	8 Other (Specify)		
marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Modith, Day, Vear)	28b. TIME OF INJURY	28c, INJS WOI 1 Y	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D
m 28 is r ETED	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office		281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
인 노 등	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge. On the basis of examination ar						use(a) and manner as stated.
IMPORTANT: 1 TO BE CON	29b. SIGNATURE AND TITLE OF CERTIFIER	ALL X	the Mr.		29c. LICENSE NUM	752	29d. DATE SIG	NED (Month, Day, Year)
\	30. NAME AND ADDRESS OF PERSON WHO JAWR 31. DATE FILED (Month, Day, Year)	S S PEU	10	ACOB	O LANE	- MD	21200	f
	MOV 12 1992	Julia Davidson						DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

5+0-TP-TP 003

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENCES NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 92 14-25PM
D.		225 38 48 20 1 2/M 2 F 8. AGE (In yrs. last birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. SIRTHPLACE (State or Foreign Country) YRS. MONTHS DAYS NOURS MIN. 8 7 31 VIRGINIA
ges 1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 90. CITY OR LOCATION OR LOCATION OF DEATH 90. CITY OR LOCATION OR LOCA
nr. Pages	DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION ST. B9/10 MD 10d. INSIDE CITY LIMITS? 1/2/3/2/36 1/2/82 0 NO
ansit peri	FUNERAL	100. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA.
me burial-transit permit. Pages	BY	11. MARITAL STATUS 1 ARRITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, Whita, etc. 15. Was Decendent of Hispanic Origin? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. RACE — American Indian, Bleck, Whita, etc. 17. Specify: 18. BLACK
ed for use as	PLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +) CEMENT FINISHER 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) PRECISON CONSTRUCTION
at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ELIZABETH HARRISON
e o snoute	TO B	190. INFORMANT'S NAME (Type/Print) GLADYS DUGGER 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 50 SOUTH STOCKTON STREET, BALTIMORE, MD. 21223
must be		20a. METHOD OF DISPOSITION 12 Duriel 2 Cremation 3 Removal from State 4 Donation Donation Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or other place) MT. ZION CEMETERY 20c. LOCATION — City or Town, State BALTIMORE, MD.
al. examiner		22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433
ereny miled in by the mation, or remove it, the medical		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on asch line. IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) a. HSCVD
The atending physician and completely lined in by the fundral offector, page 5 should be defached. Mental Hygiene prior to burial, cremation, or removal. Along the traumatic event, the medical examiner must be notified at once.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
signed by Health and WS any	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. SEIZURE DISORDER 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 740 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 740
the State Dept. of 1, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
2日 夏	ву РНУ	27. MANNER OF DEATH 1. Netural 5 Pending Investigation Investigation Investigation Pending Investigation Investig
after da	ETED E	3 Suicide 8 Could not be 4 Homicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
NERRY, DRESS No. 72 hours NT. II litera	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
	BE	296. SIGNATURE AND TITLE OF CERTIFIER Amortun H. Malen 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/9/92
	TO	AMATUN N NAEEM , 501 Dolphin st, Balto MD 21217

22. REMSTRAR'S SIGNAUBEL DO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

31. DATE FILEO (Month, Day, Year)
NOV 1 2 1992

or attending physician. rr use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	🕦 med years after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for	THE RECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for
r death. Page 6 may be retained by the hospital o	TO THE MATERIAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or
BALLIMORE, MARYLAND 2	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.				31545
TSADORS	TOINT	DURICK	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH

	1 - STATE OF MARYLAN REGISTRAR	D / DEPARTM			MENTAL HYGIEI	VE	2 31343
	1. DECEDENT'S NAME (First, Middle, Last) ISADORE JOHN D	v.BICK	<		2. DATE OF DEATH MONTH	MY Y	3. TIME OF DEATH 2 (2345) m
1	212-09-0381 1⊋M2□F 79		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/21/1	913	BIRTHPLACE (State or Foreign Country) MARYLAND
D'A	9e. FACILITY NAME (If not institution, give street end number) SINAI HOSPITAL	96.	BALT:	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNTY		TIMORI				10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 6932 MILBROOK PARK DR., APT.	1-B	10	21215		10g. CITIZEN USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 14. Wildowed 4 Divorced 15. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 16. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 17. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 18. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 19. WAS DECEDENT EVER IN U.S. FORCES EVER	NO B	If yes, s		IIC ORIGIN? (Specify Yon, Puerto Rican, atc.)		RACE — American Indian, Black, White, stc. Specific TE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	o. DECEDENT'S USU (Give kind of work life. Do NOT use rel MAINTAI	done during m tred.)		U.S.		SERVICE
BE CO	17. FATHER'S NAME (First, Middle, Last) NATHAN DUBICK			18. MOTHER'S NAI	ME (First, Middle, Meide 'TA	Sumame) UNK	NOWN
2	MR. L. BROOKE DUBICK	6589	ROBIN	SONG COL	Oute Number, City or To	vn, State, Zip Coo 21045	
	20b. PLJ 1 SIGNATURE OF FINNERAL SERVICE LICENSEE	BETH TET	LOH.	11/5/92	В	OCATION — CHY ALTIMOR	
	· Ellensue Levens	0	SOL		& BROS.,		, MD 21215
HILLAIION	23. PART I. Enter the diseases, or complications that ceused the shock, or heert feliure. List only one ceuse on each IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	RESPIR NSEQUENCE OF): C 5 HO NSEQUENCE OF):	ATOR			errest,	Approximate Interval Between Onset and Death
AL CE	PART II. Other significant conditions contributing to death but n		ne underlyln				24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
AN: MEDIC	Periodal AGECUSS 25. WAS CASE REFERRED TO MEDICAL	STIVE	HEAF		URS 1 □ YES	2 XHO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
H SICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Ampatlant 2 ER/Outpatler		HER:	LACE OF DEATH (Che			
70	27. MANNER OF OEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME OF INJURY	M 1	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW		
	3 Suicide S Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)				28f. LOCATION (Street City or Town, State)	lural Route Number,
L MOS	(Check only one) 2 MEDICAL EXAMINER: On the best of examination end						use(e) end manner es stated.
DE C	BENITO G. PATABOGUE M	when	١	29c. LICENSE NUM	BER	29d. DATE SIG	SNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH BSNITO 6- PATAROQUE, MED 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	. INTER	N, S	WAI HO	SP. 0# B	ALTIM	ORE
1	11/3/92 NOV 1 2 19	92 Jul	a Stevide	on-Andelle			DHMH-16 Rev 1/89

and The Will

PALLIMONE, MANTLAND ZIZIS-0020	medicine. The man requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.	
The state of the s	TO THE ACCUPACION ATTENDING PHYSICIAN. The awarequires that the death certificate be executed within 24	30 THE EXCEPTION DESCRIPE After this certificate has been signed by the attending physician and completely fi	be free time from 72 years after court with the State Dieg. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANCE IN THE 28 IS MARKED, OF Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,	

	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT (MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) NINGLE ELLIN (MINN			2. DATE OF DEATH MONTH DAY	5 9:	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 3. SEX 1 □ M 2 F 6. AGE (In yrs. last 9 □	YRS. MONTHS D	NYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) SING! HOSPIONS, Beliebened (RESIDENCE OF DECEDENT		Ba Itim	whe City	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE	10c. CITY, TOWN OR I BALTIMOR				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		101, ZIP CODE		10g. CITIZEN	1 TES 2 1 NO
FUNERAL	6802 BROOKMILL RD. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARR	MED 13 WM	21215	IIC ORIGIN? (Specify Yes	USA	RACE — American Indian,
B√	1 Never Married 2 Married 3 X Widowed 4 Divorced FORCES? 1 YES 2 NH IF YES, GIVE WAR OR DATES	D If ye	a, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	or 140.	Black, White, etc. Specific WHITE
COMPLETED	(Specify only highest grade completed) (Gh Elementary/Secondary (0-12) College (1-4 or 5 +)	CEDENT'S USUAL OCCU we kind of work done durk Do NOT use retired.) USEWIFE	PATION g most of working	AT HOME	NESS/INDUST	TRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) MOISHE ALTER ZIEPEL		18. MOTHER'S NA CHAN	ME (First, Middle, Maiden S A ETTA (UN	NKNOWN)
TO E	ROBERT I. ELLIN	9 OAK HOLL	OW CT. BA		21208	
		HOTEOTO DISPOSITION	11/8/92		CATION — CHY PIMORE	or Town, State
	21. SKOHATURE OF FUNERAL SERVICE LICENSEE	SOL		& BROS., IN		MD 21215
	23. PART I. Enter the diseases, or complications that caused the des	ath. Do not enter the	mode of dying, suc	h as cardiac or respire	story arrest	, Approximate interval Between
	immediate cause (Final disease or condition resulting in death) a. OSP (VOLTA)	on pri	eumonie			Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	oence or j.				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.	UENCE OF):				
CAL CE	PART II. Other significant conditions contributing to death but not re	esulting in the under	lying cause given in	Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	Chronic Ation, CVA,	D M		1 NES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		8. PLACE OF DEATH (Ch	sck only one)		
HYSI	1 YES 2 NO No No Series Ser		Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW IN.	ILIEV OCCUE	50
ВУ Р	Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M 1	WORK?	200, DESCRIBE NOT THE	JOHT OCCOM	
	3 Suicide 6 Could not be 4 Homicide determined	ne, farm, street, factory,	office	281. LOCATION (Street an City or Town, State)	id Number or F	Bural Route Number,
29s. CERTIFIER (Check only one) 2						
BE	290. SIGNATURE AND TITLE OF CERTIFIER MD		29c. LICENSE NUM	IBER	29d. DATE SI	GNED (Month, Day, Year)
욘	Paul ST. Jacques MO.	127) (Type, Print) Sinci	Hospite	al, Bect	Tlus	e ims
	NOV 1 2 1992 June Maridan Pan	della				

		ittending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
1	hysician.	Junial-trans	
	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as the l	
1	ital or at	for use	
	the hosp	detached	
	ined by	hould be	
	y be reta	sage 5 sl	
	age 6 ma	director,	
	death. P.	funeral	
)	urs after	in by the	r remova
	in 24 ho	ely filled	nation, o
	nted with	complet	nal, cren
	be exect	ian and	or to but
	rtificate	ng physic	giene pri
	death ce	e attendi	ental Hy
	that the	ed by th	th and M
	requires	een sign	of Heah
	The law	certificate has been sign	ate Dept.
	YSICIAN:	JUIRECTOR: After this certificate has been signed by the attendi	murs after death with the State Dept. of Health and Mental Hygiene prior to
	DING PH	After this	death wi
	R ATTEN	RECTOR:	irs after
L	0	2	2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARY		MENT OF HEALTH AND MEATE OF DEATH	ENTAL HYGIENE REG. NO.	- 01047				
	1. DECEDENT'S NAME (First, Middle, Last)	FOSTER		2. DATE OF DEATH MONTH DAY	YEAR 3, TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
	218-32-2152 1 M 2 🛮 F	78 YRS. 40	NTHE DAYS HOURS MIN.	(Morth, Day, Year) 9-1-1914	Maryland				
000	9a. FACILITY NAME (If not institution, give street and number)	9t	CITY, TOWN OR LOCATION OF DEA		TY OF DEATH				
CTOR	Sinai Hospital		Baltimore City	Ba.	Itimore City				
DIRE	10a. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY LIMITS?				
		y Owing	gs Mills	10g. CITIZ	1 YES 2 NO				
FUNERAL	12106 Faulkner Dr.		21117	USA					
15		S 2 XXIII	13. WAS DECENDENT OF HISPANIC II yes, specify Cuban, Mexican,		14. RACE — American Indian, Black, White, etc.				
8	3 ☑ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR	DATES	1 TES 2 NO Specify:	7	Specify: White				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e, DECEDENT'S USI (Give kind of work life, Do NOT use re	done during most of working	16b. KIND OF BUSINESS/IND					
_ a	Elementary/Secondary (0-12) College (1-4 or 5+) 4 years	Nurse	anou.,	Maryland Ger	neral Hospital				
once.	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAM	E (First, Middle, Malden Sumame)	iciai nospitai				
TO BE COM	Louis VanNewkirk 19a. INFORMANT'S NAME (Type/Print)		Addie Ho						
	Mr. Roger L. Foster		Faulkner Dr. Ow						
ag te	20a, METHOD OF DISPOSITION 2	0b. PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c. LOCATION — C					
E		Carroll Cre	mation, Inc.11-		ad, MD				
GHIN	De al Oly K. DO		Loring Byers F	uneral Directo					
- Ca	8728 Liberty Rd. Randallstown, MD 21133 23. PART/f. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
Injury, or other traumatic event, the medical examiner must	shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final		Interval Between Onset and Death						
t,	disease or condition resulting in death) a. CARDIORESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):								
2 N	SEPT	SEPTIC SHOCK (UROSEPSIS)							
ry, or other traumatic CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING								
FIC LT	CAUSE (Disease or Injury C.	A CONSEQUENCE OF):							
er of	resulting in death) LAST								
inlury.	PART II. Other significant conditions contributing to death	but not resulting in t	he underlying cause given in P		24b. WERE AUTOPSY FINDINGS				
and C	COPD			PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
\$ ≥	RENAL INSUFFICIEN	ICY		_	1 TES 2 NO				
IAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Chec	k only one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 July Lopetient 2 ER/Or		THER: Nursing Home 5 - Residence 6						
marked, BY PH	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year Accident Investigation		F 28c. INJURY AT WORK? M 1 YES 2 NO	284. DEŞCRIBE HOW INJURY OCC	URED				
28 is TED	3 Suicide 6 Could not be 4 Homicide determined	RY — At home, larm, street oecify)	et, factory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,				
휘	29a. CERTIFIER (Check only one)								
COM!	2 MEDICAL EXAMINER: On the basis of axamine	and/or investigation, in							
IMPORTANT: II	BUNTO PATAROGUE, MED.	INTERN	29c. LICENSE NUMB	DER 29d. DATE	SIGNED (Morith, Day, Year)				
	BENITO PATALORUE, SINA	1 HUSPITZ		more	(
	31. DATE FILED (Mornth, Day, Year) 32. REGISTRAR'S SH 11/9/92 NOV 12		w wardson-Rondall						

4.0	2600
	Position
	24
50,	within
(687	population
3	2
0. 8	Cartificata
7	dagth
č	- und
2	that
ŭ	irac
4	1001
3	SHAL
4	ď
OF VITAL RECORDS, P.O. BOX 68760	I DB ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours often
5	INING
DIVISION	ATTEN
5	2
	TAI

DIVISION OF VITAL RECORDS, P.O. DON OUT OF The Hospital or attending physician.

To the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Hauth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 31548

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA			MENTA	L HYGIE		31548
	1. DECEDENT'S NAME (First, Middle, Last) Anne G	FitzGera	ld			2. DATE			YEAR 2:42 AM
	2122 48615	5. SEX 6. AGE (In yrs. I.	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH	/28	BIRTHPLACE (State or Foreign Country)
200	98. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. OBJECT OF DECEMENT FIRST DECEMENT								
מות	MARYLAND 106. COUNTY		10c. CITY, T	OWN OR LOCA	MORE	(179	/	10d. INSIDE CITY LIMITS? 1 PYES 2 NO
NEUAL	001111101	URK ROAL)		2/2	39		4.	EN OF WHAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	No	If yes, sp	CENDENT OF HISPA Hecity Cuben, Mexic 3 2 DAO Speci	an, Puerto	N? (Specify Yorking Ricen, etc.)	es or No 1	4. RACE — American, Black, White, pte. Specify:
2012	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) /	PECEDENT'S USI Give kind of work to. Do NOT use re	done during me	ON ost of working	16	b. KIND OF B	USINESS/INDUS	STRY
	17. FATHER'S NAME (First, Middle, Last)	74 GRIME	<u> 5</u>	MAKE	18. MOTHER'S NA	AME (First,	Middle, Meide	Surname)	TOHNSON
2	190. INFORMANT'S NAME (Type/Print)	COPDS	96. MAILING AD	DRESS (Street	and Number or Rural	Houte Nug	nber, City or To	wn, State, Zip C	ode)
	20a. METHOD OF DISPOSITION 1 (D) Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Tel from State	AND DATE OF D	PALL	LY MEM	· //-/	TE 20c. L	OCATION — CH	by or Town, State 1995 VILLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	J. gair	,	EST	ND ADDRESS OF F	TEL	ER,	of C	HIMES
	23. PARY I. Enter the disease, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only one clause on each lin	eptie	enter the mo	hock	ch ss car	diec or rea	piratory arres	ot, Approximats interval Batween Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions	contributing to death but not		he underlyin	g ceuse given in	Part I.	24a. WAS AI PERFO 1 YES	RMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			00.00	100 00 00000		<u> </u>		
	EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch				
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ				INJURY OCCU	RED
i i	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, stree	M 1 🗆	YES 2 NO	281. LOC City	CATION (Street or Town, State	end Number or	Rural Route Number,
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowledge, d On the basie of exemination end/or							
	29b. SIGNATURE AND JITLE OF CERTIFIER	nau		y opinon, d	29c. LICENSE NUI		and piece, e		SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO		EM 27) (Type, Prin	5	601 Loc	h Ro	iven /	shod	Balt. M. 2128
	NOV 1 2 1992 Z gul	33 MEDISTRAR'S SIGNATURE LA DAVIGOON-MONDAR			·				

LL

_

of acces

144.30

FROM THESE SOME APPEAR

et.

They got the

	7	
	he burlal-transit permit	
	Tsit	
attending physician.	Htra	
thysis	ouria	
d Bu	he	
endij	as t	
f att	USB	
o let	Ď	
osbij	hed	
9	letac	i
D C	ag .	4
ed	PAC	7
etai	Sho	- 414
8	96	1
TI BY	r pa	4
9	ecto	i
200	5	1
ertificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bith and Memai Hygiene prior to burial, cremation, or removal.	Ì
ar de	he f	100
aff	by come	die
NO O	d in	i
24	를 등	3
E	ysician and completely filled in by prior to burial, cremation, or remo	
*	mple .	9100
Cute	d co	9
exe.	to b	E
8	riciar	į
icai	phy de p	1
certi	yaje y	10
ath	tten tal H	3
e de	The a	1
at	and and	-
SS ==	aft the	-
quire	n sig	01110
W Te	f. o	40
le ig	is certificate has been signed by the attending physician ith the State Dept, of Health and Mental Hygiene prior b	and no form 23 shound may believe between sold several she medical assembles and he medical at any
-	Cate	iban
CIA	the the	
2	is cert	90

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should THE TRAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss to be signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed-within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR ITEMS: 23 PART	I,27,28a,	b,c,d,e	, f PER M	1EO G	-693	11/18,	/92 r	eb	TAL HYGIEN	_ 9	2 ;	31549
	1 - STATE REGISTRAR	OIAIL OI II		CERTIF					MEN	REG. NO.	C		
7	1. DECEDENT'S NAME (First, Middle, Last) WILLETE	т		GREE	· Nī					ATE OF DEATH DATE OF DAT		YEAR 9.2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthdey)	IF UNDER	R 1 YEAR	IF UNDER	t 24 HRS.		TE OF BIRTH	0	8. BIRTH	5:23 A M IPLACE (State or Foreign
- {	220-82-7860	1 🕅 M 2 🗆 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.		fonth, Day, Year) 2 - 59		Count	MD
_	Sa. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN	R LOCATI	ON OF D			9c. COU	INTY OF D	
Ď.	33 S. WASHINGT	ON STRE	ET_		BAL	TIM	ORE	CIT	Ϋ́				
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN						***		10d. INSIDE CITY
	MD 104. STREET AND NUMBER				Balt								1 X YES 2 NO
FUNERAL	2210 E. Fayett	e St.				101	212	_			10g. CIT		WHAT COUNTRY?
N O	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED KINO	13.	WAS DEC	ENDENT (OF HISPA	NIC OR	IGIN? (Specify Yes		14 BACI	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	3		1 TYES	2 NO	Specil	ly:	no main, etc.)		Spec	
	15. DECEDENT'S EDU		164	. DECEDENT'S	USUAL O	CCUPATIO	ON	_	Т	16b. KIND OF BUS	SINESS/IN	DUSTRY	Tack
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -)	(Give kind of the Do NOT us	work done se retired.)	during me	st of working	ng					
COMPL	10th grade		<u> </u>	nempl	oye	<u>d</u>							
8	17. FATHER'S NAME (First, Middle, Last) Willie Green									st, Middle, Maiden			
00	19a. INFORMANT'S NAME (Type/Print)		-	19b. MAILING	ADDRES	S (Street a				William		p Code)	
2	Fannie Rogers			ľ									D 21231
	20e. METHOD OF DISPOSITION 1 Disposition 3 Removed Rem	oval from State	cemeters	CE AND DATE	OF DISPOS	SITION /Na	me of					City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERIAL SERVICE LICE	FNSFE A	Bà	altimo	ore	Cem	e te		CH ITY	<u>Bal</u>	time	ore,	MD
	May 2006	TAND	4			NAME AF	ID ADDRE	33 UT FR	WILLI Y				
-	23. PART I. Enter the diseases, or o	omplications that	caused the	e death. Do r	WM	C.	MAR (CH F	H es c	_/1101	F .	NOR	TH AVF
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on each	ilne.						and or rospi	atory at	1000,	interval Between Onset and Death
,		ACUTE N	ARCOTIC	INTOXIC	ATION	1							
	The second second	DUE TO	(OR AS A CO	NSEQUENCE O	F):						_		
HILICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A COI	NSEQUENCE O	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury												
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
5		i											
¥	PART ii. Other algnificant condition	s contributing to	death but n	not resulting	in the ur	nderlying	g cause	given in	Part i.	. 24a. WAS AN PERFOR	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICA		<u> </u>								1/50 YES 2	□ NO		OF DEATH?
2									—				1 NES 2 NO
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	neck only	y one)			
	1 TYES 2 NO	HOSPITAL:	ER/Outpatier	vt 3 □ DOA	OTHEI		· free Re	sidence	8 🗆 0	ther (Specify)			
5	27. MÂÑÑER OF DEATH 1 Natural Pending	28s. DATE DF (Month, D	INJURY ny, Ybar)	286. TIM	URY A		RK?		28d. I	DESCRIBE HOW II	NJURY OC	CURED	
	2 Accident Investigation	FOUND: 1		5:1 V home, ferm,	5. "		ES 2	∦ NO	_	COCATION (Street a	ad Mumba	e ne Drumi i	Porth Munhar
	3 ☐ Suicide 6 ☐ Could not be determined	FOUND: F	etc. (Specny)			iory, orne				City or Town, State)	33 S.	. WASH	HINGTON ST.
	29a. CERTIFIER 1 CERTIFYING PHYSIC			e, death occurre	ed at the I	lme, date	and place	, and due	to the		TIMOR		ARYLAND
COMPLEIED	one) 2 MEDICAL EXAMINE												e) and manner as stated.
ם מ	296. SIGNATURE AND TITLE OF CERTIFIER	11	01.				29c. LICI	ENSE NUI	MBER				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	Sh. C	hute	me	8-1-2		0.	C.M	1.E		▶11	1/06	/92
		J. GMPLETED CAUS	111			ree	t, F	Balt	im	ore, M	arv]	Land	21201
	31. DATE FILED (Month, Day, Year) NOV 12 1992	32. REGISTRA	D'S SIGNATIN								7		

NO.

	is 1, 2, 3 should
	permit. Page
physician.	burial-transit
Trending	s the
atte	use a
ne nospital o	detached for
6	2
retailled	5 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

3	a	
E	tor,	
9	9	
Pag	P	
į.	era	
leat	3	
36	94	Je.
afti	yt	MON
65	-	ě
2	P	9
24	ij.	9
Ë	1	Jath
€	喜	ren
5	E	0 '
25	8	ria I
8	and	ă
60	UE	5
0	100	DQ.
cati	1	9
	0	len
8	ig.	못
E	ten	-
e e	9	ent
Pe	Ě	Z
at a	3	and
£	8	5
res	Pig	ea
8	C	Ĩ
20	pe	10
20	38	9
18	4	e
-	Cal	Sta
A	F	96
Sic	S	P
홋	this	×
9	10	든
N	Ath	dea
EN	3	101
E	E	af
B	H	Urs
07	0	2
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	HUNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral director, pa	2
3	쓮	ž
R	2	핕

92 31550 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR EDWARD GREGG 11/7/92 45 4. SOCIAL SECURITY MIMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 13 YRS. (Month, Day, Year) 6-8-19 218-07-3349 S.C. 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL CORPORATION DIRECTOR BALTIMORE, CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 299 S. Spring Ct. 21231 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Widowed 4 Drivorced IF YES, GIVE WAR OR DATES BY **Black** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Sparrows Point 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Baxter Gregg Mary Eckels notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 299 Elizabeth Gregg S. Spring Ct./Baltimore, MD 21231 Pe 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 1 V Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify) cometery, crematory or other place)

Mount Zion Cemetery Lansdowne, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal Item 23 shows any Injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Lung Concer DUE TO (OR AS A CONSEQUENCE OF): astasis CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? COMPLETION OF CAUSE 1 TYES 2 T NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 D'Inpetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED PORTANT: If Item 28 Is marked, Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER

(Chack now)

15 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MID. Lan 42603 2

100

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

orhat

Hassan

uti 1 Fi

20 0

	FOR
-	STATE REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF N	MAHTLAN	CERTIF						REG. NO.	Ε ' '		
- 1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Kenneth	D.		Gr∈	en				11	07	19	92	10:15 A
	4. SOCIAL SECURITY NUMBER 219-76-0559	5. SEX 1 💢 M 2 🗌 F	6. AGE (In y	rs. lest birthday) 26 YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De 5-1-1			8. BIRTHP Country;	Md State or Foreign
	Sa. FACILITY NAME (If not institution, give st	treet and number)			9b. CIT	Y, TOWN (R LOCATIO	ON OF DEA			9c. COUN	TY OF DE	ATH
DIRECTOR	4908 Goodnow R	oad- Ap	<u>artm</u>	ent K	Ва	lti	nore	2					
EC	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Md				Balt	imore							LIMITS?
RAL	10e. STREET AND NUMBER					101	ZIP CODE					US A	HAT COUNTRY?
FUNERAL	4908 Goodnow Road	Apt K 12. WAS DECEDEN	T EVER IN III	C ADMED	10		2123						
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO	13.	If yes, sp	ecify Cuba		C ORIGIN? (S , Puerto Rica		or No-	14. RACE Black, Specify	- American Indian, White, etc. Black
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16	e. DECEDENT'S	USUAL C	CCUPATIO	N et of workin		16b. KIN	O OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	,	Correction	e retired.)			v					
M	12th 17. FATHER'S NAME (First, Middle, Last)			- Tection	Jiai	OHIC							
BE C	Shawn Parker						Ann	ie J.	Green	Me, Melden :	Surname)		
2	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING								Code)	
	Annie J. Green 206. METHOD OF DISPOSITION		20h Pl	ACEANDDATE				e Dal	timore,		ZATION — C	No. or Tou	n State
	1 Donation 5 Other (Specify)	ovel from State		ry, cremetory or o					111492		utus.	Md	ri, Stana
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AP		SS OF FACE				7.14	
	green W	- Low	2					i Aveni	ue.				
Z	23. PART I. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Since the control of the control	se on eech	HINE.	26	2	ue or dyr		as cardiac	or respii	atory arre	, set,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	č		INSEQUENCE OF									
MEDICAL	PART II. Other significant condition	a contributing to	death but i	not resulting	In the u	nderlying	cause g	jiven in P		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ.									-				YES 2 NO
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF O	EATH (Chec	k only one)				
PHYSICIAN:	1 X YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatie	nt 3 🗆 DOA	OTHE		5 € Re	eldence 6	Other (Sp	ecify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, De	y Year)		URY_	28c. INJ WO	URY AT		28d. DESCRI	BE HOW IN	JURY DCC	URED	01
À	2 Accident Investigation	260 PLACE OF	199	At home, larm,	75'A	1 🗆 Y		_	Jusi	ea	DIV	angl	XEC(
	4 Homicide 6 Could not be determined	building,	atc. (Specify)		Areet, fac	nory, orne				wn, State)			
	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	home		ed at the t	time date	and place				Mou		AptK
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
BEC	290. SHONATURE AND TIPLE OF CERLIFIER				-		29c. LICE	NSE NUMB	BER		29d. DATE	SIGNEO (Month, Day, Year)
ဋ	$\wedge \wedge \times \rangle$	3					O.C	М. Е	3		11	0.8	1992
	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH										
ı	Ann M. Dixon N 31. DATE FILED (Month, Day, Was)	MD DCME 32. REGISTRAI	R'S SIGNATU	RE Pen	n S	tre	et.	Balt	imor	2. 1	lary	land	21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-triple be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)

NOV 12 1992

	Items 16a,b, FOR STATE REGISTRAR	per F.H., STATE OF MARY	land / Depai	, 11/27 RTMENT OF	HEALTH AND	MENTAL HYGIEN	ie 9	2 31552
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE O	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Gertrude Gold	denhorn				MONTH C		EAR 6 30 PM
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)			7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	579 22 3581	1 □ M 2 🖾 F 6	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Apr. 21	1923	Wash., DC.
	9e. FACILITY NAME (If not institution, give	street end number)			OR LOCATION OF DE		9c. COUNT	Y OF DEATH
6	10405 Sweetb	ciar Pkwy.		Sil	ver Spri	ing	Mor	ntgomery
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR LOC	ATION			10d. INSIDE CITY
18	Maryland	Montgomery			r Sprinc	ı		LIMITS?
	10a. STREET AND NUMBER				10t. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	10405 Sweetbr	iar Pkwy.			20903		USA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS 0	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No— 14	I. RACE — American Indian,
BY F	1 Never Merried 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FORCES? 1 YES			specify Cuben, Mexica ES 2 ☑ NO Specif	nn, Puerto Rican, etc.) y:		Black, White, etc. Specify:
	15. DECEDENT'S EDU							laucasian
E	(Specify only highest grade	completed)	(Give kind of	S USUAL OCCUPA work done during in use retired.)	TION most of working ice	16b. KIND OF BU	ISINESS/INDUS	STRY
12	Elementary/Secondary (0-12)	College (1-4 or 8+)			residen	t Home	Glas	s Industry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meider		
	George W. Levy					e Rappap		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stree		Route Number, City or Tox		ode)
2	Bernard Golden	horn	Same	e addre	ess as #	10		
	20e. METHOD OF DISPOSITION ©CDBuriel 2 ☐ Cremation 3 ☐ Rem	20	b. PLACE AND DATE	OF DISPOSITION	Name of	1 10AT6 20c. LC	CATION - CIF	y or Town, State
	4 Donation 5 Other (Specify)	CE	King Da	avid Me	emorial	Gardens	Fall	s Church, V
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTEE		22. NAME	AND ADDRESS OF FA			
	► UM V/ LOSE X					urch, Va		
	23. PART I. Enter the diseases, or	complications that cause	ed the deeth. Do					t, Approximate
	IMMEDIATE CAUSE (Finsi	List only one cause on		- 1				intarval Between Onset and Death
	disease or condition resulting in death)	Meta	Stati	c. 6	ung	Cand	25	1/2 UVS
		DUE TO (OR AS	A CONSEQUENCE C	OF):				1-71-
N	Sequentially list conditions,	b						
ATI	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	OF):				
FIG	CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS	A CONSEQUENCE O	OFI:				
RTIFICATION	resulting in death) LAST	2		,				
S		0.						
ÄL	PART II. Other aignificant condition	na contributing to death	but not resulting	in the underly	ing cause given in	Part I. 24a. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL						1 🗆 YES :	SC)SNO	OF DEATH?
								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
C	EXAMINER?	HOSPITAL:	2200 _ 28	OTHER:	PLACE OF OEATH (Ch			
HYS	1 TYES X NO	1 Inpetient 2 ER/Ou	tpatient 3 DOA		ome 5 Residence	6 Other (Specify) 28d. OESCRIBE HOW	IN HIEV OCCU	250
	Netural 5 Pending	(Month, Day, Year)	IN	IJURY V	YES 2 NO	280. DESCRIBE NOW	INJUNY OCCUI	RED
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm,			281. LOCATION (Street	end Number or	Rural Route Number
TED	4 Homicide 6 Could not be determined	building, etc. (Sp	ecrry)			City or Town, State)	erro de constituiros
, E	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wledge, death occur	red at the time de	te and place, and due	to the causele) and me	nner ee steled	
COMPLET								: :euse(e) end manner ee stated.
	29b. SIGNATUBE AND TITLE OF CERTIFIE				29c. LICENSE NUI			SIGNED (Month, Day, Year)
BE	Tracker la	JF/ Kha	n MAI	11	DZZZ)			2-5 7
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	e, Print)	,		111	//(

32. REGISTRAR'S SIGNATURE

Juna Davidson-Rondall DHMH-18 Rev 1/89 Mathematic Laure

7.4 1-7 Rom 1110 1111

Mary to the same of the company

	3 should	
	1, 2,	
	Pages	
	ermit.	
	nsit pi	
Sician	rial-tra	
nd ph	he bu	
rttendi	be detached for use as the buri	
जा ०८	for us	
hospit	ached	
y the	be det	1
6 may be retained by the hospital of	pinou	Pelli
De reta	e 5 si	
Hay.	or, pag	1
30e p	ě	-
sam.	led in by the funeral di	1
mer de	the f	-
ours a	d in by	madie
54 6	ly filler ation.	49
orthicate be executed within	cremi	-
ecnted	nd cor bunal.	a olfe
De es	cian a	- miles
mcate	physi	har h
ueo ui	Hvair	
ne dea	the att	n in m
ווישו	ed by	- New
duires	n sign	9110
WE LO	as bee	22 64
. Ine	tate D	-
SICIAN	the S	-
S PHY	or this	-
NOW	R: Afte	le en
IN ALIENDI	RECTOR: After this certificate has been signed by the atten- tures after death with the State Dent. of Health and Mental H	on 98 is marked as item 25 shares and injury as other tenumedia event the weather some the most of the same to
5	= 5	

	1 - STATE OF MARYU	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S MARE (First, Middle, Upst), . BO.	R15 GOT	rlibov:	ICH	2. DATE OF DEATH	1 199	3. TIME OF DEATH 2 545 A M
	139-70-2842 1 X 2 F 82	yrs. lest birthdey) YRS. WON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/4/191	O R	IRTHPLACE (State or Foreign ountry) USSIA
TOR	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL RESIDENCE OF DECEMENT	96.	BALTII	R LOCATION OF DE MORE	ATH	9c. COUNTY (OF OEATH
DIRECTOR	100. STATE 100. COUNTY NEW JERSEY ESSEX	10c. CITY, TO NEW	WN OR LOCAT ARK	ION			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 25 MANOR DR., APT. 7—H		101.	ZIP 600E 07106		USA	OF WHAT COUNTRY?
84	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, spe	ENDENT OF NISPAN orly Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	1 2	RACE — American Indian, Slack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret MANAGER	done during mos	N st of working	RETAIL	GROCEF	
ed at once	17. FATHER'S NAME (First, Middle, Last) ILYA GOTLIBOVICH			16. MOTHER'S NA HAN	ME (Eirst, Middle, Maiden NAH	FRIED	
TO E	190. INFORMANT'S NAME (Typo/Print) BLOOMFIELD—COOPER FUNERAL HON	2130 i	STATE I	HIGHWAY		SHIP, N	IJ 35 – 07712
er must		PLACE AND DATE OF DI etery, crematory or other r TEMPLE B	ETH EL		/6/92 N	EPTUNE,	
examin	· Burton H Levinson		SOL 1 6010	LEVINSON REISTER	& BROS., TOWN RD.	BALTO.,	MD 21215
ry, or other traumatic event, the medical examiner must be notified at once. CERTIFICATION TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	the death. Do not each line. Ci koma of consequence of: Out ut of consequence of: Numy course of: Consequence of:	structi	ach	n as cardiac or respi	ratory arreat,	Approximate Interval Between Onset and Death
shows any Inju	PART II. Other significant conditions contributing to death be	ut not resulting in th	e underlying	cause given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WER AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		HER:	ACE OF DEATH (Ch			
BY PHY	27. MANNER OF OEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	28c. INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	0
Z8 IS	3 Suicide 6 Could not be determined 26s. PLACE OF INJURY building, etc. (Speci	— At home, farm, street	, factory, office	-	281. LOCATION (Street a City or Town, State)	and Number or Ru	eral Route Number,
E COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER On the basis of examination						se(s) and menner as stated.
TO BE O	296. SIGNATURE AND TITLE PROPERTY EPSTEN	mo		29c. LICENSE NUN	IBER	≥ NOV	NED (Month, Day, Year) 4, 1992
1	Sinai Holpital, Baltino	NTN (ITEM 27) (Type, Print	0				
	NOV 1 2 1992	Bulkalle					

- your

	9
	60
	30
	ď,
	ŧ
	20
	ъ
	ě
	돈
	-0
	65
Ĺ	ಕ
	c
	2
7	
	.5
•	£
	Έ
	-
	8
	5
	8
	×
	83
	ă
	60
	B
	20
	事
	ě
	O
	岳
	20
	ŏ
	9
	#
	=
	E
	-
	ĕ
	÷
	큣
	5
	₹.
	50
	49
	E
	3
	3
	×
	44
	苯
	sa,
	ø
	릐
	9
	盉
	e
	100

H THE STATE OF THE

TO ATTENDING PRINCIPAL THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The presence are the control of the best of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to the burial-transit permit. Pages 1, 2, 3 should be attended to the burial-transit permit. Pages 1, 2, 3 should be attended to the burial-transit permit. Pages 1, 2, 3 should be attended to the burial-transit permit. Pages 1, 2, 3 should be attended to the burial-transit permit. Pages 1, 2, 3 should be attended to the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to the burial transit permit. Pages 1, 2, 3 should be attended to the burial transit permit be attended to the burial transit permit by the burial transit permit be attended to the burial transit be attended to the burial transit permit be attended to the burial transit between the burial transit burial transit between the burial transit buri

						92	31554
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYG		
100	1. DECEDENT'S NAME (First, Middle, Last) BESSIO TILL	Greenspun (B	ESSIE GR	EENSPIN)	2. DATE OF DEAT		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S	EX 8. AGE (In yrs. In	st birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month) Day, 19	6.8	HRTHPLACE (State or Foreign ountry)
	Sa. FACILITY NAME (If not institution, give street or	nd number)	YRS. 9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY	MARYLAND OF DEATH
TOR	Ball-County Ceneral RESIDENCE OF DECEDENT	Hospital	Ĭ.	Ran	delstain,	Not Ba	et imore
DIRECTOR	10e. STATE 106. COUNTY MARYLAND		10c. CITY, TOWN	OR LOCATION BALTIMO	RE		10d. INSIDE CITY LIMITS? 5(1) YES 2 NO
FUNERAL	10e. STREET AND NUMBER 6317 PA	RK HEIGHTS AV	E., APT.	4 101. ZIP CODE 2121	.5	10g. CITIZEN	OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. AIFORCES? 1 YES 2 FYES, GIVE WAR OR DATES	RMED 13.	WAS DECENDENT OF HISPA. If yes, specify Cuban, Mexico 1 YES 2 DIO Specif	NIC ORIGIN? (Specifi an, Puerto Rican, etc.	.)	RACE American Indian, Black White etc. Specify WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete (9-12) Coll	leted) (C	p. Do NOT use retired.)	during most of working		HOME	RY
BE COM	17. FATHER'S NAME (First, Middle, Leat) Rubin, White	^		18. MOTHER'S NA	AME (First, Middle, Me		NKNOWN)
TO B	19a. INFORMANT'S NAME (Type/Print) MR. GORDON L. GREE		8 BUCKSW	SS (Street and Number or Rural NAY RD., OWIN	Route Number, City of	Town, State, Zip Code	
	20s. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Removal fit 4 Donation 5 Other (Specify)	_	DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State SINAI 11-11-92 OWINGS MILLS,				
	21. SIGNATURE OF FUNERAL IMPRICE LIGHNSE		22	NAME AND ADDRESS OF FA	SOL	LEVINSON	& BROS., INC.
	23. PART I. Enter the diseases, or complished, or heart failure. List of immediate CAUSE (Final disease or condition resulting in death)	Resti	eeth. Do not ente	r the mode of dying, suc	ch as cardiac or r	espiratory arreat,	Approximata interval Between Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	MAR				
F 1	that initiated events resulting in death) LAST						
G		stributing to death but not	resulting in the u	nderlying cause given in		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
G	resulting in death) LAST	ntributing to death but not	resulting in the u	nderlying cause given in	PE		
G	PART II. Other aignificant conditions con 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	ОТНЕ	28. PLACE DF DEATH (C/	1 YE	PFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
G	PART II. Other algnificant conditions con 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 1		OTHE	28. PLACE DF DEATH (C/	PEI 1 YE neck only one) 8 Other (Specify)	RFORMED?	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Noturn 5 Pending Investigation	SPITAL: Inputlent 2 - EP/Outpetient 3 28s. DATE OF INJURY	3 DOA 4 NU 28b. TIME OF NJURY	28. PLACE DF DEATH (CFR: R: raing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PES 1 YE 1 YE Peck only one) 8 Other (Specify) 28d. DESCRIBE Hi	OW INJURY OCCURE	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 □ YES 2 ② NO
ED BY PHYSICIAN: MEDICAL CEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MD 1 Notural 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investiga	SPITAL: Inpatient 2 = ER/Outpetient 3 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At he building, stc. (Specify) To the best of my knowledge, de	3 DOA 4 Nu 28b. TIME OF INJURY M Dome, farm, street, facesth occurred at the	28. PLACE DF DEATH (CFR: raing Home 5 - Residence 28c. INJURY AT WORK? 1 VES 2 NO	PES 1 VE 1 VE 3 Other (Specify) 28d. DESCRIBE Hi 281. LOCATION (St. City or Town, S.	OW INJURY OCCURE	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MD 1 Notural 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investiga	SPITAL: Inputient 2 = ER/Outpetient 3 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At he building, stc. (Specify)	3 DOA 4 Nu 28b. TIME OF INJURY M Dome, farm, street, facesth occurred at the	28. PLACE DF DEATH (C/R): R: raing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office time, date and place, and due opinion, death occurred at the	PET 1 YE 1 YE 201. LOCATION (Str. City or Town, Str. City or Town,	DW INJURY OCCURE reet and Number or Ri tate)	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER D265. 3 • OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)

31. DATE FILED (Morth, Day, Year) NOV 1 2 1992

0	- 3
\approx	- 1
6	- 1
BALTIMORE, MARYLAND 21215-0020	- (
. 1	4
LC)	- 1
7	- 1
-	- 1
N	
64	3
	- 1
7	- 3
7	- 4
4	4
	- 1
>	2
α	- 7
4	
=	- 1
2	- 2
	- 2
ш	
Œ	ŝ
$\overline{\sim}$	
\subseteq	9
\geq	ì
-	à
\vdash	
	- 3
V	ę
m	2
_	4
	3
	. 3
	١.
_	.5
0	
	-8
9	-
16	and wife
876	what wit
6876	and the said
(6876	avacutad wit
X 6876	he eventual wit
OX 6876	a he avacuted wit
BOX 6876	rate he eventual wit
. BOX 6876	ificate he evented wit
O. BOX 6876	artificate he eventled wit
O. BOX 6876	cartificate he eventited with
P.O. BOX 6876	th cartificate he executed with
, P.O. BOX 68760	eath cartificate he executed wit
S, P.O. BOX 6876	death cartificate be executed wit
DS, P.O. BOX 68760	the death cartificate he evented wit
3DS, P.O. BOX 6876	the death cartificate be executed wit
RDS, P.O. BOX 6876	hat the death cartificate he executed wit
ORDS, P.O. BOX 6876(that the death certificate he executed wit
CORDS, P.O. BOX 68760	are that the death certificate he executed wit
ECORDS, P.O. BOX 6876 (mires that the death certificate he evecuted wit
RECORDS, P.O. BOX 6876	aguitae that the death cartificate he evacuted wit
RECORDS, P.O. BOX 6876	requires that the death certificate he executed wit
L RECORDS, P.O. BOX 6876	have required that the death cartificate he executed wit
AL RECORDS, P.O. BOX 6876	a law monitors that the death cartificate he everythed with
FAL RECORDS, P.O. BOX 6876	The law morning that the death certificate he executed wit
ITAL RECORDS, P.O. BOX 6876	if The law recuires that the death certificate he executed wit
VITAL RECORDS, P.O. BOX 6876	AN: The law requires that the death certificate he executed wit
: VITAL RECORDS, P.O. BOX 6876	CIAN: The law monitors that the death cartificate he executed wit
F VITAL RECORDS, P.O. BOX 6876	CICIAN: The law requires that the death certificate he executed wit
OF VITAL RECORDS, P.O. BOX 6876	HVCICIAN: The law requires that the death certificate he executed wit
I OF VITAL RECORDS, P.O. BOX 6876	DHVCICIAN: The law requires that the death certificate he executed with
IN OF VITAL RECORDS, P.O. BOX 6876	IC DHVCICIAN: The law menicae that the death cartificate he executed wit
ON OF VITAL RECORDS, P.O. BOX 6876	DING DAVCICIAN: The law mensions that the death cartificate he executed with
SION OF VITAL RECORDS, P.O. BOX 6876	MOING DAVCICIAN: The law requires that the death certificate he executed with
ISION OF VITAL RECORDS, P.O. BOX 6876	TENDING DAVEICIAN: The law requires that the death certificate he executed wit
VISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING DUVEICIAN: The law requires that the death certificate he eventfed wit
IVISION OF VITAL RECORDS, P.O. BOX 6876	D ATTEMPINE DHVCICIAN: The law requires that the death certificate he executed with
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I OD ATTENDIAL DUVERFIAM The law requires that the death certificate he executed within 28 hours after death. Done & most and but the beautiest as execution as execution to execution the beautiest to execution the second secon

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

1 15												
	MEIR GROSS		EIR	GROSS)					2. DATE OF DEATH	DAY	YEAR 3.	3 05 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		A. BIRTHPL	ACE (State or Foreign
0	496-64-5281	1 M 2 □ F	50	YRS.	MONTHS	DAYS	HOURS	SHIPN.	(Month, Day, Your)	36	Country)	
	9a. FACILITY NAME (If not institution, give				9b, CITY	Y, TOWN C	OR LOCATIO	ON OF DEA	ATH .		UNTY OF DEAT	ISRAEL
۳ ا	FRANCIS SCOT	IT KEY	HO	OSP.			ALT					
5	RESIDENCE OF DECEDENT											
DIRECTOR	100. STATE 10b. COUNT	TY		10c. CI	TY, TOWN			1015			10	d. INSIDE CITY LIMITS?
							ELI		,		1	YES 2 NO
3A	100. STREET AND NUMBER) ASU	1 1	Jan E		10f	ZIP CODE			10g. Cr	TIZEN OF WHA	T COUNTRY?
FUNER								12			054	<i>L</i>
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1	YES	2 NO	13.	WAS DEC	ENDENT O	F HISPANI n, Mexican	C ORIGIN? (Specify W., Puerto Rican, etc.)	es or No-	14. RACE — Black, W	American Indian, fhite, etc.
┢	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DAT	TE\$		1 TYES	2 NO	Specify:			Specify:	WHITE
	15. DECEDENT'S EDI	UCATION		16a. DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BI	ISINESS/IN	IOUSTRY	MULTID
	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +)		(Give kind of life. Do NOT u	work done	during mos		g				
립	, (, 1,	St		PHY	SICI	AN				1	MEDICI	NE
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	E (First, Middle, Maide			
ш	MOSHE	GROSS							RIVKA		(UNKNO	WN)
0 8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	S (Street a	and Number	or Rural R	oute Number, City or To	wn, State, Z	(ip Code)	
۲Į	MRS. ERELLA GRO	OSS		3960	WEST	ASE	I LAN	E, C	LEVELAND,	OH	44122	
	20a. METHOD OF DISPOSITION			PLACE AND DATE			ime of		DATE 20c. L	OCATION -	- City or Town,	State
	4 Donation 6 Other (Specify)	mover from State	Ceme	tery, crematory or o	other place))						
	21. SIGNATURE OF FUNERAL SERVICE L	ICEMBEE /	Ŷ.	<u> </u>	22.	NAME AN	D ADDRES	S OF FAC	ILITY SOT TE	VINC	ON & BI	ROS., IN
	b Jan Ma	\sim	0111	1		010	DETC	ים מינוית	TOWN RD.,			
	23. PART I. Enter the diseases, or	complications that	caused	the death Do								
ĺ	iMMEDIATE CAUSE (Fine)			ch line.			de ot dyi	ng, sucn	as cardiac or res	piratory a	rrest,	
ERTIFICATION		a. SE 1 DUE TO (1) D. MA DUE TO (1)	PT) ORASA SSI ORASA VAL	CONSEQUENCE O	HOC. BOD'S HIS	K			RNS S	0%		interval Betwe
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. SE (DUE TO (D. MA DUE TO (C. REN DUE TO (d.	PTI ORASA SSI ORASA ORASA	CONSEQUENCE O	HOCOPPIE	K YW I	DE	BU	RNS CENTRAL PART I. 246, WAREA	NAME OF STREET	24b, WI	ERE AUTOPSY FINDIN ANABLE PRIOR TO MIPLETION OF CAUSI
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. SE (DUE TO (D. MA DUE TO (C. REN DUE TO (d.	PTI ORASA SSI ORASA ORASA	CONSEQUENCE O	HOCOPPIE	YW I	DE g cause g	BU liven in F	Part i. 24a, Wasa	NAME OF STREET	24b, WI	ERE AUTOPSY FINDIN ARLABLE PRIOR TO TO CAUSE
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. SE DUE TO (1) b. MA DUE TO (1) c. REN DUE TO (1) d	PT) OR AS A (SSI) OR AS A (OR AS A (OR AS A (CONSEQUENCE O	AOC. BOD' PH: URE In the ui	Y W I	D E	BU Bluen in F	Part i. 24a. Wash	NAME OF STREET	24b, WI	ERE AUTOPSY FINON ARLABLE PRIOR TO DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. SE (DUE TO (DUE TO (C. REN DUE TO (d	PT) OR AS A (SS) OR AS A (OR AS A (DERIVOUS PRINTY NURY	CONSEQUENCE O	OTHE	nderlying 26. PL R: railing Hom 28c. INJ	DE Grave g	BU Silven in F	Part i. 24a, Wasan Perus 1 1 YES	HAMION ST	24b, William CC OF	ERE AUTOPSY FINON ARLABLE PRIOR TO DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the cause of th	a. SE DUE TO (1) b. MA DUE TO (1) c. REN DUE TO (1) d	PT) OR AS A (SS) OR AS A (OR AS A (DERIVOUS PRINTY NURY	CONSEQUENCE O	OTHE	nderlying 26. PL R: railing Hom 28c. INJ	Cause g	BU BU	Part i. 24a. Wash	HAMION ST	24b, William CC OF	ERE AUTOPSY FINORI ARLABLE PRIOR TO DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause in the cause of injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause	a. SE DUE TO (1) b. DUE TO (1) c. DUE TO (1) d. DUE TO (1) 1 Impatient 2 Department	OR AS A CONTROL OF THE PROPERTY OF THE PROPERT	CONSEQUENCE OF THE PROPERTY OF	OTHER	26. PL R: rsing Hom 28c. INJ WO	Cause g	BU BU BIVEN IN F	Part I. 24a. Washington (Specify) 28d. DESCRIBE HOW	HAMBOOD STAND	24b, Wi AM CO OF 1	ERE AUTOPSY FINDS ARLABLE PRIOR TO MPLETION OF CAUS T DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation	a. SE (DUE TO (DUE TO (C. REN DUE TO (d	OR AS A CONTROL OF THE PROPERTY OF THE PROPERT	CONSEQUENCE OF THE CONSEQUENCE O	OTHER	26. PL R: rsing Hom 28c. INJ WO	Cause g	BU BU BIVEN IN F	Part i. 24a. V. P.	HAMBOOD STAND	24b, Wi AM CO OF 1	ERE AUTOPSY FINDER ARLABLE PRIOR TO DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Itelural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. SE DUE TO (1) b. DUE TO (1) c. DUE TO (1) d. DUE TO (1) d. DUE TO (1) 26a. DATE OF (1) 28a. PLACE OF building, e	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF THE CONSEQUENCE O	OTHEL OTHEL OTHEL A DIVINE OTHEL OTHE	26. PL R: Rsing Hom 28c. INJI WO 1 □ V	DE GROSS GRO	BU BU BATH (Chee aldence & SNO	Part i. 24a. V. P.	INJURY OF	24b, Wi AM CO OF 1	ERE AUTOPSY FINDER ARLABLE PRIOR TO DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	a. SE DUE TO (1) b. DUE TO (1) c. DUE TO (1) d. DUE TO (1) d. DUE TO (1) 26a. DATE OF (1) 26a. DATE OF building, e	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF THE CONSEQUENCE O	OTHEL OTHEL OTHEL AE OF JURY M street, factored at the interpretation of the street of the str	26. PL R: ssing Hom 28c. INJI WO 1 1 vory, office	G cause g	BU BU BATH (Chee sidence & NO and due to	Part i. 24a. Wall of the City or Fourt State C	INJURY OF	24b. WI ACCORED	Interval Betw Onset and Do Double Prior To MPLETION OF CAUS OEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vestural 5 Pending Investigation investigation and investigation are investigation and investigation are investigation and investigation are investigation are investigation and investigation are investigation and investigation are investigation are investigation are investigation and investigation are investigat	a. SE (DUE TO (b. DUE TO (c. REN DUE TO (d. DUE TO (d. LEN LEN LEN LEN LEN LEN LEN LEN	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF THE CONSEQUENCE O	OTHEL OTHEL OTHEL AE OF JURY M street, factored at the interpretation of the street of the str	26. PL R: ssing Hom 28c. INJI WO 1 1 vory, office	D E G cause g LACE OF DI LE 5 Re LURY AT RK? YES 2	BU Silven in F	Part I. 24a. Wad a Person of the Color of th	MASSOC STATES OF THE STATES OF	24b. WI AM CCO OF 1	ERE AUTOPSY FINON ARLABLE PRIOR TO DEATH? YES 2 NO P Nurfactory And Allable Prior To Death?
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	a. SE (DUE TO (b. DUE TO (c. REN DUE TO (d. DUE TO (d. LEN LEN LEN LEN LEN LEN LEN LEN	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF THE CONSEQUENCE O	OTHEL OTHEL OTHEL AE OF JURY M street, factored at the interpretation of the street of the str	26. PL R: ssing Hom 28c. INJI WO 1 1 vory, office	D E G cause g LACE OF DI LE 5 Re LURY AT RK? YES 2	BU BU BATH (Chee sidence & NO and due to	Part I. 24a. Wad a Person of the Color of th	MASSOC STATES OF THE STATES OF	24b. WI ACCORED	ERE AUTOPSY FINON ARLABLE PRIOR TO DEATH? VES 2 NO P Nurfactory And Allable Prior To Death? Allable Prior To Death. Allable Pr
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the cause of injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause	a. SE DUE TO (1) b. DUE TO (1) c. REN DUE TO (1) d. DUE TO (1) d. DUE TO (1) d. DUE TO (1) 28a. DATE OF a (Month, Day) 28a. PLACE OF building, e	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF THE CONSEQUENCE O	OTHE: OTHER OTHER A DITTER OTHER	26. PL R: ssing Hom 28c. INJI WO 1 1 vory, office	D E G cause g LACE OF DI LE 5 Re LURY AT RK? YES 2	BU Silven in F	Part I. 24a. Wad a Person of the Color of th	MASSOC STATES OF THE STATES OF	24b. WI AM CCO OF 1	ERE AUTOPSY FINON ARLABLE PRIOR TO DEATH? VES 2 NO P Nurfactory And Allable Prior To Death? Allable Prior To Death. Allable Pr
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Ustural 5 Pending Investigation of Suicide 6 Could not be determined determined. 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIPLE OF CERTIFIER 30. NAME AND APPLIESS OF PERSON WITH	a. SE DUE TO (1) b. DUE TO (1) c. DUE TO (1) d. DUE TO (1) d. DUE TO (1) d. DUE TO (1) 26a. DATE OF (1) Anna contributing to c	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF THE CONSEQUENCE O	OTHE: OTHER OTHER A DITTER OTHER	26. PL R: ssing Hom 28c. INJI WO 1 1 vory, office	D E G cause g LACE OF DI LE 5 Re LURY AT RK? YES 2	BU Silven in F	Part I. 24a. Wad a Person of the Color of th	MASSOC STATES OF THE STATES OF	24b. WI AM CCO OF 1	ERE AUTOPSY FINDIN ARLABLE PRIOR TO P Nurfel VES 2 NO P Nurfel VES 2 NO AND AUTOPSY FINDIN ARLABLE PRIOR TO ARLABLE PRIOR T
EDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the cause of injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause	a. SE DUE TO (1) b. DUE TO (1) c. REN DUE TO (1) d. DUE TO (1) d. DUE TO (1) d. DUE TO (1) 28a. DATE OF a (Month, Day) 28a. PLACE OF building, e	OR AS A CONTROL OF THE CONTROL OF TH	CONSEQUENCE OF A L. CONSEQ	OTHE: OTHER OTHER A DITTER OTHER	26. PL R: ssing Hom 28c. INJI WO 1 1 vory, office	D E G cause g LACE OF DI LE 5 Re LURY AT RK? YES 2	BU Silven in F	Part I. 24a. Wad a Person of the Color of th	MASSOC STATES OF THE STATES OF	24b. WI AM CCO OF 1	ERE AUTOPSY FINDIN ARLABLE PRIOR TO P Nurfel VES 2 NO P Nurfel VES 2 NO AND AUTOPSY FINDIN ARLABLE PRIOR TO ARLABLE PRIOR T

٥	<	
C)	
C	202	
	ب	
C	7	
c	ñ	
č	ä	
č	Ē	
Ĉ	2	
Č	5	
Ĺ	Ц	
C	r	
_	4	
<	1	
Ŀ	=	
5	OF VII AL RECORDS	
M	E.	
Ĉ	5	
-	,	
ŕ	5	P
ì	\$	
g	5	
5	ă.	Ų
7	٦,	é
н	-	٦

law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
Page 6	J direct	
death.	-	
s after	by the	гетома
4 hour	filled in	on. or
within 2	pietely	al. cremation, or removal
cuted	moo br	burial, (
pe ex	cian a	for to
rtificate	og phys	liene pr
eath ce	attendin	Ital Hyd
the d	y the	nd Mer
res thai	igned t	ept. of Health and Mental Hygiene
v requi	been s	t. of Hi
he law	e has	
IAN: T	rtifical	the State D
SIC	186	日前

FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
	ANN	GOLDBE	RG	2. DATE OF DEATH	2 YEAR 3. TIME OF GEATH 7:35 P.M
4. SOCIAL SECURITY NUMBER 219-05-9635	1 □ M 2 🖔 F 7	2 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 1/18/1920	8. BIRTHPLACE (State or Foreign Country) MASS.
5910 KEY AVE	•		CITY, TOWN DR LOCATION OF D BALTIMORE	DEATH 9c. C	COUNTY OF DEATH
	COUNTY		WN OR LOCATION IMORE		10d. INSIDE CITY LIMITS? 1 \[\frac{1}{2} \frac{1}{2} \subseteq 100
100. STREET AND NUMBER 5910 KEY AVE	•		101. ZIP CODE 21215		CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marri 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 YNO Specify Cuban		Handle - American Indian, Black, White, etc. Specify: WHITE
(Specify only high III Elementary/Secondary (0-12)	T'S EDUCATION ast grade completed) College (1-4 or 5 +)	Me. Do NOT use retir	one during most of working	166. KIND OF BUSINESS BALTIMORE	/INDUSTRY
12 17. PATHER'S NAME (FIRE ANGUM ELI GARF	INK			AME (First, Middle, Maiden Surnern NIE B	ROWN
P MR. MILTON GO				Route Number, City or Town, State TO , MD 2121	
20s. METHOD OF DISPOSITION 1 & Burlai 2 □ Cremation 3 4 □ Donation 9 €□ Other (Spec 21. SIGNATURE OF FUNERAL DEF	N)	the PLACE AND DATE OF DIS MINISTER, CRIMINATOR OF STORY OF HAR STNAT	11/8/92 22. NAME AND ADDRESS OF F	OWING	I City or Town, State S MILLS, MD
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO JOR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):			
PART II. Other significant or	d. onditions contributing to deeth	but not resulting in the	e underlying ceuse given in	1 Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEI EXAMINER? 1 — YES 2 ND 27. MANNER DY DEATH	HOSPITAL: 1 Inpetient 2 ER/Ou		26. PLACE OF OEATH (C	heck only one) 8 Other (Specify)	
1 Natural 5 Pendi	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
3 Suicide 8 Could	not be building, etc. (Sp	tY — At home, ferm, street, ecify)	tactory, offica	28t. LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,
	G PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinati				stated. to the cause(s) and manner as stated.
29b. SIGNATURE NO TITLE OF C	hall a. Vere		29c. LICENSE NU D17	67 3 ≥	DATE SIGNEO (Mongh, Day, Year)
4000 Ola	SON WHO COMPLETED CAUSE DF O	Suit	e 306	Battimore	MD 21208
11. DATE FILED (Month, Day, Year) NOV 1 2 199	2 Sale Davidon	Market			

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH AND	MENTAL HYGIENE
		CERTIFICATE	0	F DEATH	REG NO

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			GIENE	
1. DECEDENT'S NAME (First, Middle, Leat) (SIMON) 5 / Mo	2 61	ick (GLICK)		2. DATE OF DI	DAY 7 /4	992 6:26 P M
4. SOCIAL SECURITY NUMBER 227-01-4763	1 M 2 □ F 74	YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 8/30/	/1918	BIRTHPLACE (State or Foreign Country) VIRGINIA
BALTIMORE COUNTY RESIDENCE OF DECEDENT				ILSTOWN	ATH	BAL.	TIMORE
10e. STATE 10b. COUNT	Y PIMORE		TOWN OR LOCAT	TION	-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2835 MARNAT RD.			101	21209		USA	ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexicar 2 NO Specify.	n, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDI (Specily only highest grad Elementary/Secondary (0-12)	JCATION e completed) Coflege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use SALES	ork done during mo	ON est of working		OF BUSINESS/IND	
17. FATHER'S NAME (First, Middle, Last)		SALES		18. MOTHER'S NAI	ME (First, Middle,	Maiden Sumame)	
SOLOMON G	LICK	19b. MAILING	ADDRESS (Street a	RACH		ELK by or Yown, State, Zip	Code)
MRS_MTRIAM_GLICK 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation		PLACE AND DATE OF		ame of	DATE	AT.TO MD	
21. SIGNATURE OF FLIRERAL SERVICE I	1 1	BETHYJA	SOL 1	11/9/92 NO ADDRESS OF FACE VINSON REISTERT	& BROS		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR AS A DUE TO (OR AS A C.	A CONSEQUENCE OF	ne t	y U	n as cardiac c		Approximate Interval Between Paget and Death
PART II. Other algnificant condition	dna contributing to death b	out not resulting in	the underlying	g cause given in i		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
					-		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		OTHER:	ACE OF DEATH (Che		clfy)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DESCRIBI	E HOW INJURY OCC	CURED
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	" — At home, ferm, sti	reet, factory, offic	•	261. LOCATION City or Tow	(Street and Number m, State)	or Rurel Route Number,
	SICIAN: To the best of my know ER: On the basis of examination						ted. ne cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTURE	/	- MO)	29c. LICENSE NUM			E SAGNED (Month) Day, War)
30. NAME AND ADDRESS OF PERSON W	OLOMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	orine)	Sd (n	ant o	Rd.	111-
31. DATE FILED (Month, Day, Ibar) NW 1 2 1992	James Stander	ATUBE-	<u> </u>				

~
9
w.
-
88
9
×
0
ВОХ
\mathbf{m}
_
·
0
-
-
(A)
-
00
0
()
ECOR
ш
<u>~</u>
_
-
-
\vdash
_
>
. VIT
0
_
7
=
U
-
S
-
>
-
0
_

100	1. DECEDENT'S NAME (First, M	diririto (nell)	/ ET A TAIR			IIMSC	F DEATH		REG. NO).	_	
- 60	i. DEGEDENT 3 TAME (7 #34, W	ELA	NEGAINE	OLDS		YOLIT I	.п)	MONT NO	OF DEATH	199	YEAR	3. TIME OF DEATH
),	4. SOCIAL SECURITY NUMBER 214-01-2204		5. SEX 1 M 2 F	8. AGE (In yrs. less 85	YRS. MONTH	DER 1 YEAR		7. DATE	OF BIRTH (1). Day, Year)	7 M	Country	PLACE (State or Fore
OB	99. FACILITY NAME (II not instit 3302 NERAK R	RD.	eet and number)		96. C BA	ALTIN	OR LOCATION OF D	DEATH		9c, COUNT	Y OF DE	EATH
DIRECTOR	RESIDENCE OF DECE 10e. STATE 1 MARYLAND	DENT 10b. COUNTY			10c. CITY, TOW BALTIN	N OR LOC 10RE	ATION					10d. INSIDE CITY
	100. STREET AND NUMBER 3302 NERAK R	RD.				11	101. ZIP CODE 21209			USA CITIZE	EN OF W	1 YES 2 N
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Mill 3 Wildowed 4 Divorce		12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAS	YES 2 XN	MED IO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES I NO Speci	an, Puerto		- 1	4. RACE Black, WHI	- American Indian White, etc.
COMPLETED	15. DECED (Specify only in Elementary/Secondary (0-12	1	ATION completed) College (1-4 or 5+)	(Gi	CEDENT'S USUAL VICE KIND OF WORK OF DO NOT use retire OPRIETO	ne during r id.)	TION most of working		RESS S	HOP	STRY	
ш	17. FATHER'S NAME (First, Midd	ole, Lest) SSMAN					18. MOTHER'S N	AME (First,	Middle, Meidle,	KNOWN))	
TO B	19a. INFORMANT'S NAME (Type ARTHUR BRONFE						e and Number or Rural					MD 21204
100	20a. METHOD OF DISPOSITION ↑ Burlel 2 Cremation 4 Donation 5 Other (S)	3 Remo	val from State	20b. PLACE	ND DATE OF DIS	POSITION /		OA1	E 20c. LC	DCATION — CI		vn, Steta
	21. SHANATURE OF FUNERAL S	SERVICE LICE	Caralle Caralle	Jeu		22. NAME SOL I	AND ADDRESS OF FA LEVINSON REISTERT	& BR	OS., I	NC.	, MD	21215
_						ave	a.					ļ
ERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	OUE TO (O	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	DENCE OF):	1	ch.	Curs				
MEDICAL CERTIFICATION	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	G C.	OUE TO (O	OR AS A CONSECUTION OF A CON	DUENCE OF):	ten	1/04		24a. WAS AP PERFO 1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL	if arry, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BE EXAMINER? 1 YES 2	ate G c. d. t conditiona	OUE TO (O	OR AS A CONSECUENT OF THE PROPERTY OF THE PROP	DEVENCE OF):	underlyl	1/04	1 Part I.	24a. WAS APPERFO	RMED?		WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BEXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Per	ate G d.	OUE TO (O DUE TO (O DUE TO (O CONTributing to de HOSPITAL: 1 Inpetient 2 E 28a. OATE OF IN (Month, Day,	OR AS A CONSECUTION OF AS	DOA OTHER DOES HAVE OF SHARE O	underlyi 26. HER: Nursing Ho 28c. II	PLACE OF OEATH (Come 5 Residence NUTRY AT YORK?	heck only o	24a. WAS AN PERFO 1	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per CAUSE Accident Inv 3 Suicide 6 Cot determined to the cause of th	ate G c. d. d. conditiona	OUE TO (O DUE TO (O DUE TO (O CONTributing to de HOSPITAL: 1 Inpetient 2 E 28a. OATE OF IN (Month, Day,	OR AS A CONSECUTION OF AS	DOA OTHER DOES HAVE OF SHARE O	underlyi 26. HER: Nursing Ho 28c. II	PLACE OF OEATH (Come 5 Residence NUTRY AT YORK?	heck only o	24a. WAS AP PERFO 1	NO INJURY OCCU	MEO	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BE EXAMINER? 1 YES 2	MEOICAL MEOICAL Meoiding westigation betarmined	OUE TO (O DUE TO (O DUE TO (O Contributing to de HOSPITAL: 1 Inpetient 2 E 28a. OATE OF IN (Month, Day,	DR AS A CONSECTION OF AS A CONSE	DOA OTI- DOA OTI- 28b. TIME OF INJURY No. 16 farm, street,	underlyl 26. IER: Nursing Ho 28c. II 1 [1 factory, off	PLACE OF OEATH (COme 5 Residence NJURY AT VORK? YES 2 NO	heck only o 6 Oth 28d. OE 28f. LOC	24a. WAS AN PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Town, State)	INJURY OCCU	IREO r Rural Re	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BE EXAMINER? 1 YES 2	MEOICAL MEOICA MEO	OUE TO (O DUE TO (O DUE TO (O Contributing to de DR AS A CONSECTION OF AS A CONSE	DOA OTI- DOA OTI- 28b. TIME OF INJURY No. 16 farm, street,	underlyl 26. IER: Nursing Ho 28c. II 1 [1 factory, off	PLACE OF OEATH (COme 5 Residence NJURY AT VORK? YES 2 NO	heck only o 6 Oth 28d. OE 28f. LO(Cly)	24a. WAS AN PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Town, State)	INJURY OCCU and Number of	IREO r Rural Re 1. cause(a)	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Check only One) 2 MEDICA 29b. SIGNATURE AND TITLE OF	MEOICAL MEO	OUE TO (O DUE TO (O DUE TO (O Contributing to de DR AS A CONSECTION OF AS A CONSE	DOA OTHER OF INJURY No. 1 occurred at the revestigation, in a	underlyl 26. IER: Nursing Ho 28c. II 1 [1 factory, off	PLACE OF OEATH (COme 5 Residence NJURY AT VORK? YES 2 NO	heck only o 6 Oth 28d. OE 28f. LO(Cly)	24a. WAS AN PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Town, State)	INJURY OCCU and Number of	IREO r Rural Re 1. cause(a)	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO DEATH OF THE PRIOR TO COMPLETION OF CAI OF DEATH OF THE PRIOR TO COMPLET OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF C	

1 - FOR STATE REGISTRAR

Mary

4. SOCIAL SECURITY NUMBER 214-01-9642

1. DECEDENT'S NAME (First, Middle, Last)

Hester

5. SEX

1 M 2 F

-	
_	
က	
_	
-	
200	
w	
_	
-	
~	
_	
_	
_	
100	
_	
~	
~	
a '	
ш.	
10	
90	
$\overline{}$	
_	
-	
_	
-	
_	
T 1	
RECORDS, P.O. BOX 68760	
111	
100	
~	
-	
-	
AL	
-	
_	
_	
>	
2	
-	
-	
-	
S	
=	
7	
_	

Shou		Sa. FACILITY NAME (If not institution, give at	,				N OR LOCATION OF	DEATH	9c. COUN	TY OF DEATH
co.	띩	Meridian Nursi	ig Center H	erita	ge	Do	ındalk		R	Saltimore
1, 2,	5	RESIDENCE OF DECEDENT								accomorte
physician. burial-transit permit. Pages	DIRECTOR	Maryland 106. COUNTY	Baltimore		10c. CITY	, TOWN OR LO		ıdalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO
perm	¥	10e. STREET AND NUMBER					101. ZIP CODE	01.000	10g. CITIZ	EN OF WHAT COUNTRY?
an. ransit	FUNERAL	7232 German Hill						21 22 2		(Unknown)
	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 🗐	MO MO	If yes		PANIC ORIGIN? (Specifican, Puerto Rican, et ecily:		14. RACE — American Indian, Black, White, etc. Specify: White
Se at	ETED	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OCCUP	ATION most of working	16b. KIND O	F BUSINESS/INDL	JSTRY
spital o	COMPLE	Elementary/Secondary (0-12) (UNKNOWN)	College (1-4 or 5+)	like	Do NOT us	o retired.) USEC		Me	edical	
the hos detach	00	17. FATHER'S NAME (First, Middle, Last)						NAME (First, Middle, M.	siden Surname)	
	BE	(Unknown)						iknown)		
5 should	0	19a. INFORMANT'S NAME (Type/Print)	2 1	19				ral Route Number, City of		
		Mr. John C. Evel						Suite 400	Balto.	, MD 21201
6 mar ctor, p		20a. METHOD OF DISPOSITION 1 🏋 Burial 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	OB, PLACE	COCH	FDISPOSITION		11/11/92	Balti	more, Maryland
Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AND ADDRESS OF			1 01 -
		4 pass	Coard	_						indalk, Inc. Juland 21222
within 24 hours after d ppletely filled in by the cremation, or removal.		23. PART I. Enter the diseasea, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one cause or	aach line	ile	ot anter the	mode of dying, s	uch as cardiac or	reapiretory arre	Approximate interval Between Onset and Death
ie death certificate be executed within the attending physician and completely Mental Hygiene prior to burial, cremati Ilury, or other traumatic event, it	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSE	SCO	Pent		in do	Jose	tion
requires that the deati seen signed by the atte of Health and Mental shows any Injury,	MEDICAL CE	PART II. Other aignificant condition:	s contributing to death	n but not i	resulting i	n the under	ying cause given	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 1 YES 2 NO
> 40 40										
9	PHYSICIAN:	25. WAS CASE REPERHED TO MEDICAL EXAMINER?	HOSBITAL			31	PLACE OF DEATH	(Check only one)		
SICIAN: The certificate the State	VSI	1 - YES 2 1 16	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/O	utpatient 3	□ DOA	OTHER:	lome 5 🗆 Resident	ce 8 - Other (Specify)	
	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		28b. TIMI INJ	OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE H		URED
OR ATTENDING PHYSICIAN DIRECTOR: After this certific hours after death with the Sitem 28 is marked, or it		3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	IRY — At he pecify)	ome, farm, s	treet, factory, o	ffice	28f. LOCATION (S City or Town,	reet and Number of State)	or Rural Route Number,
THE HOSPITAL OR ATTENDING PHY THE FUNERAL DIRECTOR: After this flied within 72 hours after death with PORTANT: If Item 28 is marked	COMPLET		CIAN: To the best of my kn							d. cause(s) and manner as stated.
TO THE HOSPITAL (TO THE FUNERAL D DE filed within 72 h IMPORTANT: If II	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	mi'	CF F	RP	•	29c. LICENSE P	NUMBER 3 C	29d, DATE	SIGNED (Month, Day, Year)
أمنو		30. NAME AND/ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type,	Print)	Reci	0		
(3		31. DATE FLED (Month, Day, Yber) NOV 1 2 1992	32. REGISTRAN'S SI	CHATURE	-					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS.

YRS.

88

92 31559

YEAR

1992

3. TIME OF DEATH

7:55

BIRTHPLACE (State or Foreign Country)

Austria

2. DATE OF DEATH DAY

7. DATE OF BIRTH (Month, Day, Year) 2 - 17 - 1904

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	2 9	OF PHYSI	CIAN	Z E	J wei	H E	CC	E #	S #	deat deat	0 8	- Se	e O	× 8	31, ecute	4 6 ≽	, ide
L DIRECTOR: After this certificate has been signed by the attending physician and completels; hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	fter	with 1	ertific the S	ate	Dept	of of	Sign	ed b	N T	ental	Ty di	iene	ysici	an a	ding physician and comp tygiene prior to burial, cr	L Cr	lettel

	FOR STATE OF MARYLAND / DI 1 - REGISTRAR CER		ENT OF H		MENTAL HYGIENI REG. NO.	E)	<u> </u>		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. 1	IME OF DEATH	
	DORIS HATTER HOOD				Nov 10, 19		EAR 6	50 PM	м
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bit	rthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLAC	E (State or Foreign	7
	214-16-6865 1□M2□xF 74	YRS. MONT	THS DAYS	HOURS MIN.	(Month, Day, Year) 11~10-1918		Country) Kenti	ickv	
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN O	LOCATION OF DE		9c. COUNTY			\neg
DIRECTOR	4120 Villa Nova Rd.		Villa	Nova		Balti	more	County	_
EG		IOc. CITY, TO	WN OR LOCATI	ON			10d	INSIDE CITY	
8	Maryland Baltimore County	Vi11	La Nova	ı.			1	LIMITS? YES 2XXNO	
	10a. STREET AND NUMBER			ZIP CODE		10g. CITIZEN			\dashv
	4120 Villa Nova Rd.			21207		USA			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEI	D O	13. WAS DECI	NDENT OF HISPAN	HC ORIGIN? (Specify Yea	or No— 14.		American Indian,	\neg
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, spe		n, Puerto Rican, etc.)		Black, Wh Specify:	ite, etc.	
BY	3 Wildowed 4 Divorced			-123310		1		White	
	15. DECEDENT'S EDUCATION 16e. DECEL (Specify only highest grade completed) (Give	DENT'S USU	AL OCCUPATIO	N t of working	16b. KIND OF BUS	INESS/INDUS	TRY		
<u> </u>	Elementary/Secondery (0-12) Collega (1-4 or 5+)	NOT use reti	red.)	t or working					
P P	l year Nurse	ery So	chool 7	eacher!	Нарру	Acres			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Market and the second	ME (First, Middle, Maiden	Surname)			
BE (Ray Chester Hatter				e Miller				
2					Route Number, City or Town				
-		120 Vi	illa No	va Rd.	Baltimore		2120		
	1 ☐ Buriel 26 Cremation 3 ☐ Removal from State other piece)		etery, crematory or		CATION City		State	
	4 Donation 6 Other (Specify) Carrol	1 Crem				pstead	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Loring	Byers	GLUTY Funeral Di	rector	s. I	nc.	
	> John K Aulit				Rd. Randa				3
	23. PART i. Enter the diseases, or complications that caused the deet shock, or heart failure. Liet only one cause on each line.	h. Do not e	nter the mo	le of dying, suc	h as cardiec or reepi	ratory arrest	t,	Approximete interval Betw	
	IMMEDIATE CAUSE (Fine)							Onset and De	
	disease or condition	CAN	octor				ļ	3 mg	
	DUE TO (OR AS A CONSEQUE	ENCE OF):							
z	Sequentielly list conditions,								
Ĕ	if eny, leeding to immediate	ENCE OF):							
5	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUE	ENCE OF							
ĒΙ	thet initieted events resulting in deeth) LAST	ENCE OF					İ		
CERTIFICATION	d								=
AL (PART II. Other significant conditions contributing to deeth but not res	ulting in th	ne underlying	ceuse given in	Part i. 24a. WAS AN PERFOR			RE AUTOPSY FINDI	NGS
5	LIVER METOSTAIES				1 🗀 YES 2		CO	MPLETION OF CAUS	SE
Ä								YES 2 NO	
PHYSICIAN: MEDIC									
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Ch	neck only one)				
Si	1 Tes 2 To 1 Inpatient 2 ER/Outpatient 3		THER: Nursing Hom	5. Rasidenca	6 Cher (Specify)				
F	(Month, Day Year)	286. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOW I	NJURY OCCUP	RED		
B⊀	1 Setural 5 Pending 2 Acident Investigation		M 1 🗆 Y	ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	e, term, atree	t, factory, offic	1	28t, LOCATION (Street of City or Town, State)	and Number or	Rural Route	Number,	
COMPLETED	4 Homicide determined								
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death	n occurred at	the time, date	and place, and due	to the cause(a) and me	nner as stated.			- 1
OM	one) 2 MEDICAL EXAMINER On the besis of examination and/or inv	reatigation, in	my opinion, d	eath occured at the	time, date and place, ar	nd due to the o	cause(a) an	d menner aa state	d.
C	296. SIGNATURE AND THE OF CONTIFIER			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Mo	onth, Day, Year)	\neg
) BE	J My			0351	01-	D 11	112	92	
5	30. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEATH (ITEM 2	27) (Type, Prin	rt)	243	0 0		110	(0)	
	SAMUFU EXHLER MY YOUR	0	000	DRJ !	W BAC	TMO	21	200	
j	31. DATE FILED (Month, Day, Year) 32. REGISTRAR TOUGHTIME	1 10000							
	NOV 1 2 1992								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

		HEGISTHAR CERTIFICATE OF DEATH REG. NO.	
	0	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 92 YEAR 7.40P	M
-		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 NM 2 F	
, 3 should	J.B.	SOL FACILITY NAME (If not institution, give street and pumber) SHELLA MARIS HOSPICE BALTO, MD SOL COUNTY OF DEATH BALTO	
1. 2.	5	RESIDENCE OF DECEDENT	_
nit. Pages	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \bigcirc YES 2 \bigcirc NO	
(1)	FUNERAL	104. STREET AND NUMBER 104. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY?	
		11. MARITAL STATUS 12. WIS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WIS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. Was december of Hispanic Origin? (Specify Yea or No— 16. RACE — American Indian, 17. Black, White, etc. 18. Was december of Hispanic Origin? (Specify Yea or No— 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Indian, 19. RACE — American Ind	
215-0 attending ise as the	BY	3 Wildowed 4 Divorced	
21215-00 al or attending for use as the	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	
AND 2121 he hospital or att detached for use once.		Elementary/Seconda (0-12) College (1-4 or 5+) Me. Do NOT use refined.) LABORER INDUSTRY	
the hospital detached for	COMP	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	_
Z 2 2 4	l m	SAM VSolding LIZZIA HARRIS	
MARYLAND retained by the hospits should be detached notified at once.	5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (90)	
	1 1	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State	_
ALTIMORE, death. Page 6 may be thereal director, page		1 Dourist 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, State 20b. PLACE AND DATE OF DATE 20b. PLACE AND DATE)
ALTIMO death. Page 6 tuneral directo I. examiner mu		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2/2/	7
0 - 0 - 0		Betts Funeral Home 1129 N. CAROLINE ST BALLA	(/)
E 3 & a		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate	
B o B		IMMEDIATE CAUSE (Final Onset and De	
760, ad within 24 ompletely fills f. cremation, event, the		disease or condition resulting in death) a. Lung (ANCER	
B 5 % 6	_	DUE TO (OR AS A BOARSECHIERCE OF):	
OX 68 e be execute sician and co nior to buria traumatic	ERTIFICATION	Sequentially flat conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	_
	3	CAUSE (Disease or injury	
certifical ding phy tygiene p	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST	
S, P. death death e attend lental H lental H ury, or	S	d	_
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	14	PART II. Other algorificant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO	
O # B# g		1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?	
AL RE law requi has been s Dept. of H 23 shoy	Σ	1 YES 2 NO	
ITAL REC V: The law requires cate has been sig State Dept. of Hea Item 23 shows	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	_
VITA SIAN: The intificate in the State	SIC	HOSPITAL: 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL:	
OF VITAL RE PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or item 23 she	H	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY AT WORK? 1 Netural 5 Pending	
After this cate with marked,	B	2 Accident Investigation " 1 TES 2 NO	
L OR ATTENDING P DIRECTOR: After the hours after death item 28 is marri	ETED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
₹ ₹ ₹ ₹	3	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	
TO THE HOSPI TO THE FUNER TO THE FUNER THE WITHIN	BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	
5 5 3 2	10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	
		CARLA ALEXANDER MD 2300 DULANEY VALLEY RD. 21204 31. DATE FILED (Month, Dely, Year) 32. REGISTRAR'S SIGNATURE	
		NOV 12 1992 Luka Navidana Rendana	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		Ì	
		ı	
		ı	i
		ı	
		I	
		İ	
		ı	
	,	ı	
į	3	ı	l
	5	ı	
		I	
	,	l	
į	5	١	
	į	١	
		ĺ	
8	3	I	
	3	١	

	70,1111000,1	/ 12/ 32/1	L to			
1.	FOR STATE		STATE	0F	MARYLAND	

/ DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE C	F DEA	TH		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATN		
	JAMES L.	HAYWOO	D					OCTO	BER 3	ĩ. 19	92	10:29 am		
	4. SOCIAL SECURITY NUMBER 216–14–8038	5. SEX 6.	AGE (In yrs. last	birthday) YRS.	MONTHS DATE		R 24 HRS.	7. DATE	OF BIRTH 9-1925		8. BIRTHI Country	PLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give a MARYLAND GENERA RESIDENCE OF DECEDENT		L		96. CITY, TOY BALTI	MORE (EATN			TIMO	RE CITY		
DIRECTOR	100. STATE Md 10b. COUNT	Y			Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?		
FUNERAL	907 Pennsylv	ania Aven	ue			101. ZIP COD	21201			7.5	1 (X) YES 2 NO IZEN OF WHAT COUNTRY? S. A 14. RACE — American Indian, Black, White, atc. Specify: Black			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 [X] IF YES, GIVE WAR	VER IN U.S. ARM YES 2 NO OR DATES	IED O	If yes		OF NISPAI	вп, Puerto F	? (Specify Yes		14. RACE Black,	White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							16b.	KIND OF BU	SINESS/IND	DUSTRY	D ruon		
MIC	17. FATHER'S NAME (First, Middle, Last)					40 8400			fiddle, Maiden					
	Richard Myers					1		a Hay		Sumeme)				
BE	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRESS (Stre					n. State. Zir.	Code1			
2	Bernard L. Hayı	wood		860	04 Gray	fox R	oad	Rar	ndalls	town	, Md	21133		
	20a. METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE AI	ND DATE	PEDISPOSITION	(Name of		11/13/	20c.	Crowns	yille	s, Md		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mar	ch			and addre								
	23. PART I. Enter the diseases, or o	complications that co	aused the das	th. Do r	not antar tha	moda of dy	ing, auc	h aa card	lac or reapl	ratory arr	eat,	Approximate		
	ahock, or heart fallure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute	Myocard									Interval Between Onset and Death		
NO	Due TO (OR AS A CONSEQUENCE OF): Atherosclerotic cardiovascular diseade Sequentially list conditions.													
ATK	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSEQU	JENCE OF	F):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to (OF	AS A CONSECU	JENCE OF	ት :		_							
	PART II. Other algoliticant condition	e contributing to da	ath but not re	eulting i	n the underly	ring cause	given In	Part i	24a. WAS AN	AUTOREV	245	WERE AUTOPSY FINDINGS		
DICAL	PART II. Other algorificant condition Chronic renal	failure							PERFOR	MED?		AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: ME	Hypertension Chronic obstru	ctive nulm	onary (ii co	200			_				YES 2 NO		
AN		cerve parm	onary (1126										
i i	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 1 YES 2 NO	HOSPITAL:	Montantino a F	7004	OTHER:	PLACE OF O								
H	27. MANNER OF DEATN	28a. DATE OF INJ	URY	28b. TIM	4 Nursing H	INJURY AT	esidence		(Specify)	NJURY OCC	URED			
ВУР	Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	(bar)	LNI	URY	WORK?] NO	50,0			ONLE			
	3 Suicide 6 Could not be determined	28a. PLACE OF IN building, atc.	JURY — At hom (Specify)	o, farm, s	street, factory, o	ffica		26f. LOCA City o	TION (Street a	nd Number	or Rural Ro	ute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, deat	h occurre	nd at the time, d	ata and place	, and dua	to the caus	se(a) and man	ner aa stat d dua to th	ed.	and manner as stated.		
BE C	290. SIGNATURE AND VITLE OF CERTIFIER						ENSE NUN					Month, Цфу, Year)		
편 연	x /xu/wy	XIVY				D	30-	709		1	11/.	3/92		
	JOSEPH NKWANYI	/			Print)	ENERA	I. HO	SPITA	AT.		/	7		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		,		_ 110	J- 111	-					

DHMH-16 Rev 1/89

DVIVE - TILLYD

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		TAL HYGIEN	C -	31563
1. DECEDENT'S NAME (First, Middle, I	Hinkle	VIRGINIA		100	ATE OF DEATH	9.	3. TIME OF DEATH 3. TIME OF DEATH BIRTHPLACE (State or Foreign
579-26-6000 9a. FACILITY NAME (If not institution,	1 🗆 M 2 🏋 F	66 YRS. MON		MIN. OF	5-05-26	, l	Country) Vest Virginia
Greater Laurel RESIDENCE OF DECEDEN 100. STATE 100. CO Maryland Pri	T		Laurel			Princ	ce Georges
	nce Georges	Laure	WN OR LOCATION	ve .		40. CITIZE	10d. INSIDE CITY LIMITS? 11 YES 2 NO N OF WHAT COUNTRY?
100. STREET AND NUMBER 14900 4th Stree 11. MARITAL STATUS	, APC. LUL		20707			USA	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ☐ YES IF YES, GIVE WAR OR D	X X NO	13. WAS DECENDENT: If yes, specify Cub 1 ☐ YES X X NO	an, Mexican, Pue	IGIN? (Specify Yer rto Rican, etc.)	or No- 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATION fone during most of work red.)	ing	Restaur		TRY
17. FATHER'S NAME (First, Middle, Las Ezra Blizzard)			HER'S NAME (FI	st, Middle, Meiden Ve 11	Surname)	
Ralph W. Hinkle		9120 Ca	nterbury R	r or Aural Aouto A liding,	lumber, City or Tow Laurel,	n, State, Zip Co	20723
26a, METHOD OF DISPOSITION 1 Burlel 2 XIX Cremation 3 D 4 Donation 5 Other (Specify)	Removal from State	B. PLACE AND DATE OF DE	ashington	Cremato	ry Lau	cation - ch rel, N	y or Town, State Maryland
21. SIGNATURE OF FUNERAL SERVE	estellas	day	Fleck Fun 7601 Sand	eral Ho v Sprin	ome,Inc. na Road.	Laure	el, MD 20707
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS /	A CONSEQUENCE OF):	The mode of dy	ailu	iv	itatory arrea	t, Approximate Interval Between Onset and Death
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c ~~~	etastas a consequence of:	Y,				
PART II. Other significant cond	itiona contributing to death b	out not resulting in th	e underlying ceuse	given in Part i	. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YM9
25. WAS CASE REFERRED TO MEDICAEXAMINER?	HOSPITAL:	ОТ	28. PLACE OF D	DEATH (Check onl	y one)		
1 YES 2 PNO 27. MANNER OF DEATH	1 San DATE OF INJURY	patient 3 DOA 4 D	Nursing Home 5 R		Other (Specify) DESCRIBE HOW I	NJURY OCCUP	RED
1 Netural 5 Pending 2 Accident Investigat 3 Suicide 6 Could no	28a PLACE OF INJUST	/ — At home, farm, street	WORK? 1 YES 2 [factory, office	201, 5		and Number or	Rural Route Number,
4 Homicide determine	HYSICIAN: To the best of my know		the time, data and place		City or Town, State)	nner as stated.	
one) 2 MEDICAL EXA	MINER: On the basis of examination		my opinion, death occu	red at the time, o			
29b. SIGNATURE AND THE OF CERT	SYE	SA SA	FOR D	ENSE NUMBER	121	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print					
31. DATE ELLED MANTED DRY 1992	A REPUTAR'S SIGN	ondett		· _			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exeminer must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

- 8	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN			. TIME OF DEATH	
	PHEBE S. H	HOSHALL							Oct.	30	, 19	92	1:30	P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)	yrs. last birthday)	IF UNDER 1		IF UNDER		7 DATE OF	DIOTH		8. BIRTHPI Country)	ACE (State or Foreig	ליון
	577-05-0089	1 □ M 2 📉 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	21, 1	906		yland	
ا _م	9e. FACILITY NAME (If not institution, give	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					H1		ATH			ford	TH	
DIRECTOR	Bel Forest Nursi	ng & Renai	5. Œ	nter	101	est	HI.	<u> </u>			паг	IOLA		_
Ä	10a. STATE 10b. COUN				Y, TOWN OF							1	0d. INSIDE CITY	
	*	imore		Wh	ite								YES 2 NO	
RAL	100. STREET AND NUMBER 2203 McComas	D.d.				2.00	2116					S.A.	AT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U	S ARMED	12 4				IIC ORIGIN? (Paratt. Van			- American Indian,	_
	1 Never Married 2 Married	FORCES? 1	YES	2 X NO	11	yes, sp	ecify Cuber	n, Mexica	n, Puerto Ric	on, etc.)	G 140_	Black, Specify:	White, etc.	
ЭВУ	3 Widowed 4 Divorced						- 9,2110	орвану				эрволу.	White	
COMPLETED	15. DECEDENT'S EO (Specify only highest grad	de completed)	10	(Give kind of life. Do NOT u	Work done de	CUPATIO	ON ast of workin	g	16b. K	NO OF BUS	INESS/IND	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5		Secret					0:	fice	2			
NO	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Mid					_
BE C	Thomas M. HO	Oshall							e Bel			er		
10 B	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Poute Number,	City or Town	n, State, Zip	Code)		
F	Upton M. Hosha			2203	McCc	ma	s Rd	.,	White	Hal.	L, M	ID 21	161	
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Re	moval from State	20b. Pt	ry, crematory or o	of DISPOSIT	TION /Na	ime of	No	DAJE			City or Town		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCIAL SERVICE L	ichiser /	_ Ver	non U.			tery			Whi.	te Ha	11,	MD	_
		17,7	\.	<	J.	J.	Har	ten	stei	n Mo	rtua	ry,	Inc.	
	22 DART I Educate Manager	yane,	usi	du									17349	
	23. PART I. Enter the diseases, Di shock, or heart failure	List only one ceu	ISQ DIT each	h line.	not enter t	ne mo	de or ayı	ng, suci	h aa cardie	c or reapl	retory arr	rest,	Approximate Interval Betw	reer
	IMMEDIATE CAUSE (Final disease or condition	Con	1101	ruln	uno	u	i a	me	V				Onset and D	eath
	resulting in death)	a. OUE TO	(ON AS A.C	DHSEQUENCE O	f):	-(8						1	-
Z	Sequentially list conditions,	. De	ner	lla										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OFI AS A CO	ONSEQUENCE O	P)E									
FIC	CAUSE (Disease or Injury that initiated events	e. DUE TO	(OR AS A CO	ONSEQUENCE O	Pic:								1	
E	resulting in death) LAST	4												
	PART II. Other significant condition	na contributing to	death but	not resulting	in the uni	la els des		duan in	Dent I.a			T.,,	1	
MEDICAL	Otto digital di di di di di di di di di di di di di	The Contributing to	Geotti Dut	not resulting	m the one	eriyinç	g cause g	jiven in	Part I. 2	PERFOR	MED?		ERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS	
ED									- ¹	□ YES 2	/ NO	9	F DEATH?	
_					_				- 1			'	YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF DI	EATH (Ch	ack only one)					
PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	ER/Outpetic				e 5 🗆 Re	sidence	6 Other (S	Specify)				
	27. NANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D		28b. TIN	E OF IURY		HK?		28d. DESCF	IBE NOW I	NJURY OC	CURED		
BY	2 Accident Investigation		E IN HIDY	At home, ferm,	etraat tasta		YES 2	NO	200 1 0001	ON /0	M			
	2 0.1-14: -			At Home, lettil,	street, lecto	ry, omic		- 1	28t. LOCATI	Town, State)	ina Number	or Hursii Hoe	re Number,	
윤	3 Suicide 8 Could not be determined	building,	etc. (Specify)						Only of	,,				
LETE	4 Homicide determined	building,	etc. (Specify)		ad at the sile			Title Acce						
LETE	4 Homicide determined 29a. CERTIFIER (Check only	SICIAN: To the best of	my knowled	ge, de occur					to the cause	(e) and man			and manner se state	d.
COMPLETE	4 Homicide determined 29a. CERTIFIER (Check only	SICIAN: To the best of	my knowled	ge, de occur			eath occur	ed at the	to the cause time, date an	(e) and man	d due to th	e couse(e)		d.
BE COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMIN	SICIAN: To the best of	my knowled	ge, de occur				ed at the	to the cause time, date an	(e) and man	d due to th	e couse(e)	and manner ee state	id.
E COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMIN	SICIAN: To the best of	my knowled	ge, drein occurr ndar investigation	on, in my op		eath occur	ed at the	to the cause time, date an	(e) and man	d due to th	e couse(e)		id.
BE COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMINATION ONE) MEDICAL EXAMINATION OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CEN	SICIAN: To the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER	my knowled samination a	ge, deen occun ndar westigsti d (ITEM 27) (Type	on, in my op		eath occur	ed at the	to the cause time, date an	(e) and man	d due to th	e couse(e)		rd.
BE COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMIN	SICIAN: To the best of	my knowled samination a	ge, deen occun ndar westigsti d (ITEM 27) (Type	on, in my op		eath occur	ed at the	to the cause time, date an	(e) and man	d due to th	e couse(e)		id.
BE COMPLETE	29e. CERTIFIER (Check only one) MEDICAL EXAMINATION ONE) MEDICAL EXAMINATION OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CENTIFIED OF CEN	SICIAN: To the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER: Of the best of MER	my knowled samination a	ge, deen occun ndar westigsti d (ITEM 27) (Type	on, in my op		eath occur	ed at the	to the cause time, date an	(e) and man	d due to th	e couse(e)		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

NOV 1 2 1992

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH DE A	AND I	MENT	AL HYGIEN		92	31565
	1. DECEDENT'S NAME (First		225 1							2. DA	TE OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX							11		7	92	0745 AM
			1 M 2 K F	6. AGE (In yrs. le:		MONTHS I	DAYS	HOURS	MIN.		TE OF BIRTH onth, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	211-16-3			91	YRS.						1/01		Jack	sonville, F
or l	9a. FACILITY NAME (If not in	stitution, give s	street and number)			96. CITY, T	OWN O	R LOCAT	ON OF DI	EATH		9c. COL	JNTY OF D	EATH
DIRECTOR	WASH RESIDENCE OF DEC	INGTON	ADVENT	IST HOS	PITAL	T	ako	ma I	ark			PC	3	
EC	10a. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN OR	LOCATI	ION						10d. INSIDE CITY
뜽	DC					shing								LIMITS?
	10e. STREET AND NUMBER				<u> </u>		101	ZIP COD	E	10g. CITIZEN OF				1 YES 2 NO
FUNERAL	5716 23	0+	+ MT							USA			IZEN OF T	THAT COUNTRY?
N	5716 3rd	Stree		T EVER IN U.S. AF	MEO	1 40 110		0011						
	1 Never Married 2		FORCES? 1	YES 2 7	NO	If y	es, spe	city Cubi	NT OF HISPANIC ORIGIN? (Specify Yea or No					E — American Indian, c, Whita, atc.
BY	Widowed 4 Divo	rced	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 NO Specify:							B1	ack			
ED	15. DEC	EDENT'S EDU	CATION	tée. DE	CEDENT'S	USUAL OCC	UPATIO	N		t	6b. KIND OF BU	SINESS/IN	DUSTRY	
	Flamentary/Secondary (0	y highest grade 1-12)			ive kind of Do NOT u	work done dur se retired.)	ing mos	t of world	ng					
AP.	IZYrs		College (1-4 or 5 None	Se	amst	ress								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							18. MOT	HER'S NA	ME (First	t, Middle, Malden	Surname)		
ш	William Ge	ter						Eu	geni	na	Andrew	S		
8 0	19a. INFORMANT'S NAME (7			19	b. MAILING	ADDRESS (S	Street an	nd Number	r or Rural I	Route Nu	imber, City or Tow	n, State, Zi	ip Code)	
2	Jean H	Bennet	t		Same	as 1	0a,1	b,c,	d,e,	&f				
	200 METHOD OF DISPOSIT	ION		20b. PLACE	AND DATE	OF DISPOSITI	ON (Nan	ne ol		DA	ATE 20c. LO	CATION -	City or To	wn, State
	1 ☐ Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from Stata	cemetery, cre	matory or o	ther place)	oto:	2 27	11/	117 /	92 W11	l arr (Do
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1.41	TATE	22. NA	ME AN	DADDRE	SS OF FA	CILITY				
11	Haze	ei		nne							E, DC	20017	,	Co., Inc.
	23. PART I. Entartile di ehock, or h	iseasea, or o	complications the Liet only one ceu	it caused the de	ath. Do	not anter th	e mod	la of dy	ing, auc	h aa ca	ardiec or reap	Iratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Fin													Onset and Death
	disease or condition	→	a. lu	ROSE OR AS A CONSE	1 2 C	S								
	100													
NO	Sequentially liet conditi	one.	b. -	OR AS A CONSE	100	LEV	1(A						
F	if any, laading to immed cause. Enter UNDERLY!	diate	DUE TO	(OR AS A CONSE	OUENCE O	F):	A 1							
5	CAUSE (Diseese or inju		c. 1)	EHYD (OR AS A CONSEC	K/1	(10	1, 1							
Ē	that initiated eventa resulting in death) LAS	Т	()	IN GE	DUENCE U	r): / T = 1	0	40	7	CI	111 121	Dr.		
CERTIFICATION			d	MURE	7 , 1	V 12 1	16	111	- 1		1100	شات	/	
ايا	PART II. Other algolitice	nt condition	s contributing to	death but not r	eauiting	in the unde	riying	ceuse	given in	Pert i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
5											PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC											1 TYES 2	X MO		OF DEATH?
3														1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PLA	ICE OF D	EATH (Ch	ack only	0001			
S	EXAMINER?		HOSPITAL:	FR/Outpetient 3	□ no4	OTHER:								
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TIM	4 Nursing	ic. INJU	-	illidence		EŞCRIBE HOW I	N III IBY OC	CHRED	
		Pending	(Month, D	ley, Year)	INJ	URY	WOR		NO.	200. 5	EQUIDE HON I	MOON! OC	CONED	
BY	3 Sudoldo	restigation	28e. PLACE O	F INJURY — At ho	me, farm, i			-	,	281 1.0	CATION (Street)	and Mumba	e or Pumi P	Augusta Afrondon
COMPLETED		Could not be datarmined	building,	atc. (Specify)						CH	ly or Town, State)	NUMBE	or nural H	ound Number,
7	29a. CERTIFIER 1 CERT	IFYING DUVE	CIAN: To the best of	- knowledge	- eb					_		-		
M	(Check only one) 2 MEDI	CAL EXAMINE	CIAN: To the best of R: On the basis of a	my knowledge, da	mmetic-et-	o to my and	, data a	and place.	and dua	to the c	ause(a) and mar	mer an sta	ted.	
8					vaniga(10	71, III my opin					ta and placa, an	d due to th	he cause(a)	and manner as stated.
띪	29b. SIGNATURE AND TITLE	OF CERTIFIER	. 110	11.4	/	GN		29c LICE	NSE NUN	BER	1	29d. DAT	SIGNED	(Month, Day, Year)
2	20 HAME AND ADDRESS	10/	· (VV	WIN	(U	27	20	50	P 11	19	92.
	30. NAME AND ADDRESS OF	FERSON WH	COMPLETED CAUS	SE OF DEATH (ITE	27) (Type,	Print)		C011	000	· D	1 1	an	00	740

The Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Part of the Pa

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPART ERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	t	2 3	31566
	1. DECEDENT'S NAME (First, Middle, Last)	P H. 1	406	BBS;	JR.	2. DATE OF DEATH MONTH D	" 9°	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. less		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFITH (Month, Day, Your)	109	BIRTHPL	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give str	OH HOSPITAL		9b. CITY, TOWN C	OR LOCATION OF D	MAR Ilan	9c. COUNT	OF DEA	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION		-	11	Dd. INSIDE CITY
	MARYLAND BALL	imore	HA	RKV, W				1	LIMITS?
FUNERAL	106. STREET AND NUMBER 9455 JGPPA	Pan Pan		101	ZIP CODE		10g. CITIZE	9	AT COUNTRY?
O.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR	RMED			NIC ORIGIN? (Specify Yes	or No- 14	I. RACE -	- American Indian,
84	1 Never Married 2- Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		NO Speci	nn, Puerto Rican, etc.) /y:		Specify:	Vivite, etc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	CEDENT'S U live kind of wo Do NOT use	SUAL OCCUPATION And done during more retired.)	ON st of working	166 KIND OF BUI	^	TICA	^
CON	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maiden			
BE	19e. INFORMANT'S NAME (Type/Print)	hoors, SR	h MAH INO A	DDOESS /Short o	1100	Route Number, City or Tow	ICHE	R	
5	T O	ROS	Z	Ams		OVI	n, State, Zip Ci	ode)	
	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State 20b. PLACE	AND DATE OF	DISPOSITION (Na			CATION — CH	y or Town	State CAN
	21. BIGNORURE OF FUNERAL SERVICE LICE		~~~	22. NAME AN	HAPILO	the more	2500	متا	<
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that ceused the de list only one cause on each line	eth. Do no	t enter the mo	de of dying, suc	ch as cardiac or respi	iratory arres	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	DUE TO (OR AS A CONSE	()	teris	n mi	10 cardé	LMG	wat	Onset and Death
z		Critical	al?	rtic	ster	1250			
ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC		10	(2				
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):	tery	4(120	ise			
ERT	resulting in death) LAST	HTM(2)	+	Jbril	latio	n			
AL C	PART ii. Other aignificant conditions	contributing to death but not r	esuiting in	the underlying	cause given in	Part t. 24s, WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	Widely met	artalle pros	tate	can	cer	1 _ YES 2	10	CC	OMPLETION OF CAUSE F DEATH?
Σ.	Asophagitis					—		1	YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			ACE OF DEATH (Ch	neck only one)		1/1/	4
PHYSICIAN: MEDICAL	1 U YES 2 NO 27. MANNER OF DEATH	HOSPITAL: Inpetient 2 ER/Outpetient 3 28s. DATE OF INJURY				6 Other (Specify)			
BY P	1 Natural 5 Pending	(Month, Day Year)	28b. TIME INJUI	WO WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCUI	PED	
	1 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, atc. (Specify)	me, farm, str	eet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or	Aural Aoul	te Number,
MPLET	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowledge, de	ath occurred	at the time date	and place, and due	45 15			
COMP	one) 2 MEDICAL EXAMINER	: On the basis of examination and/or i							nd manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	D H Karsal	1001	mo	29c. LICENSE NUI	523	29d. DATE S	IGNED (M	onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (5m)	rine)			-	44	



31. DATE FILED (Morth, Day, Year) NOV 1 2 1992

, 32. NEGISTRAR'S SIGNATURE

ttending physician. e as the bunal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.		
the ho	detact	once	
od by	od bi	at pe	
retain	5 sho	notiffi	
ay be	page	pe	
е 6 ш	ector,	SOE.	
h. Pag	eral di	niner	
r deat	al.	өхаг	
rs afte	remov	odical	
24 hou	filled i	he m	
vithin	remati	ant, ti	
uted v	f comp	Ic ev	
э екес	r to bu	пта	
icate t	physici ne prio	er tra	
certif	Hypier H	r oth	
death	Aerital	ury,	
nat the	and N	y Inj	
ires th	signed	WS al	
w requ	been of	3 sho	
The la	ate De	ет 2	
CIAN:	ertifica	0 10	
PHYS	this c	rked,	
VDING	: After	18 mg	
ATTE	ECTOR rs afte	n 28	
AL DR	AL DIP	If Iter	
INSOIT	UNER /	ANT:	
THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
2	2 3	₹	

31. DATE FILED (Month, Day, Year)
NOV 1 2 1992

REGISTRAR 1. DECEDENT'S NAME (First	t Mickella I auti		-				DEA			OF DEATH	10.		
WINONA	110	TT							MONT	TH	DAY 07,19	YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. last birthde) IF UNDER	1 YEAR	IF UNDER	A 24 HRS.		OF BIRTH	07,19	v	4:20 P.
307-05-132	9 B	1 M 2 XF	89		MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		C	ountry)
9s. FACILITY NAME (If not it	institution, give :	street and number)			9b. CITY	. TOWN C	OR LOCATI	ON OF DE		1.21,			CAGO, ILL
CHARLESTO													
RESIDENCE OF DE		E CENTER				CAI	ONSV	ThhE				1	BALTIMORE
10a. STATE	10b. COUNT			10c. C	ITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
MARYLAND	BA	LTIMORE				CAT	ONSV	ILLE					1 YES 2X N
10e. STREET AND NUMBER						101	ZIP COD	E			10g. CF	TIZEN (OF WHAT COUNTRY?
701 MAIDE	N CHOI	CE LANE-I	ARKV:	IEW 11:	7		212	28				U.S	S.A.
11. MARITAL STATUS	1 secure	12. WAS DECEDEN FORCES? 1	T EVER IN L	U.S. ARMED						N? (Specify Rican, etc.)	Yes or No-	14. F	RACE — American indian Black, Whits, etc.
1 Never Married 2 X		IF YES, GIVE Y	MAR OR DAT	ES			2 □XNO			/man, 410.)			Specify: WHITE
	CEDENT'S EDU	ICATION							_			1	
(Specify on	nly highest grade	e completed)		16a. DECEDENT (Give kind o	S USUAL OF work done use retired.)	during mo		ng	161	b. KIND OF I	BUSINESS/IN	OUSTR	₹Y
Elementary/Secondary (HIGH SCHOO		College (1-4 or 5	*)										
17. FATHER'S NAME (First, A			_	n(MEMAI	CEK	16 MOT	HED'S NA	ME /Elmi	Adiobello Admin	len Surname)		
	RD DRI	SCOLI.					10. 1101	EMMA		INKNOV			
19a. INFORMANT'S NAME (Type/Print)			19b, MAILU	IG ADDRESS	S (Street a	nd Numbe		,		Town, State, Z	'in Corte	1
HENRY G. H	IATT.	JR										,	D. 21144
20s WETHOD OF DISPOSIT	TION		20b.F	PLACE AND DAT				11011	OAT			_	or Town, State
1 Denation 5 Other		toval from State	cemet	OUDON I	other place!				111			-	·
21. SIGNATURE OF FUNERA	AI SERVICE	OFNOCE	1 100	OODON 1						/ 11	BALTI	MUR	<u> </u>
/ \	TO SUITING U	CENSEE			22.	NAME AN	AD ADDRE	SS OF FA	CILITY				
D () ()	-1 JE	7 in her			HU	JBBAI	RD FI	UNER	AL H	OME I			
23. PART I. Enter the dishock, or h	diseases, or heart failure.	Eisher	it caused t	tha death. Do	HU 41	JBBAI 107 v	RD FI	UNERA ENS	AL H	UE-BA	LTIMO		MD. 21229 Approximatinterval Bet
23. PART I. Entar that of shock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition if any, leading to immediate the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the sh	diseases, or heart failure, inal	complications the List only one can DUE TO	ehy ORASAC	tha death. Do	HU 41 not anter	JBBAI LO7 To the mo	RD FI	UNERA ENS A	AL HOAVEN	UE-BA	LTIMO	rrest,	Approximate
23. PART I. Entar the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	diseases, or heart failure. inai	complications the List only one cau a. Due to b. Due to c. Due to	OR AS A CO	consequence	HU 41 not anter	JBBAI LO7 To tha mo	RD FI	UNERA ENS A ling, suc	AL HOAVEN	UE-BA	LTIMO	rrest,	Approximate interval Bet
23. PART I. Entar that shock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentially list condit fram, leading to immediate. Enter UNDERLY CAUSE (Disease or injustat initiated events	diseases, or heart failure. inai	complications the List only one cau a. Due to b. Due to c. Due to	OR AS A CO	consequence	HU 41 not anter	JBBAI LO7 To tha mo	RD FI	UNERA ENS A ling, suc	AL HOAVEN	UE-BA diac or red	LTIMO apiratory a	rrest,	Approximatinterval Bat Onset and I
23. PART I. Entar the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	diseases, or heart failure. inai	complications the List only one cau a. Due to b. Due to c. Due to	OR AS A CO	consequence	HU 41 not anter	JBBAI LO7 To tha mo	RD FI	UNERA ENS A ling, suc	AL HOAVEN	UE-BA diac or red	LTIMO apiratory a	rrest,	Approximatinterval Bat Onset and I
23. PART I. Entar the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	diseases, or heart failure. inai	complications the List only one cau a. Due to b. Due to c. Due to	OR AS A CO	consequence	HU 41 not anter	JBBAI LO7 To tha mo	RD FI	UNERA ENS A ling, suc	AL HOAVEN	UE-BA diac or red	AN AUTOPSY FORMED?	rrest,	Approximatinterval Bet Onset and I
23. PART I. Enter the dishock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	diseases, or heart failure. inai	complications the List only one cau a. Due to b. Due to c. Due to	OR AS A CO	consequence	HU 41 not anter	JBBAI LO7 To tha mo	RD FI	UNERA ENS A ling, suc	AL HOAVEN	UE-BA diac or red	AN AUTOPSY FORMED?	rrest,	Approximatinterval Bat Onset and I
23. PART I. Entar that a shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock	diseases, or heart failure. Inal Hittona, ediate //ING urry ST	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	OR AS A CO	consequence	HU 41 r not anter OF) OF): OF): of):	JBBAI 107 to the mo	RD FI	UNERA ENS A ing, suc	AL HOAVEN has car	UE~BA diac or red	AN AUTOPSY FORMED?	rrest,	Approximatinterval Bat Onset and I
23. PART I. Enter the dishock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injust in initiated events resulting in death) LAS	diseases, or heart failure. Inal Hittona, ediate //ING urry ST	complications the List only one cau a. Due to b. Due to c. Due to	USE ON AS A CO (OR AS A CO) (OR AS A CO) (OR AS A CO)	consequence t not resultin	HU 41 r not anter OF) OF): OF): OTHER	JBBAI 107 To the mo	RD FI WILK da of dy	UNERA ENS Aing, such	AL HOAVEN has car	UE~BA diac or red	AN AUTOPSY FORMED?	rrest,	Approximatinterval Bat Onset and I
23. PART I. Enter the oshock, or PimmeDiATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algniffication in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	diseases, or heart failure. inal hittona, ediate f/ING urry ST ant condition	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	Jase on aec	CONSEQUENCE CONSEQUENCE CONSEQUENCE t not resultin	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI 107 tha mo tha mo	RD FI WILK WILK da of dy ACE OF C S D R URY AT	UNERA ENS Aing, such	Part I.	UE-BA diac or red 24a. WAS PERF 1 UYES	AN AUTOPSY FORMED?	4	Approximatinterval Bet Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset a
23. PART I. Enter the oshock, or PimmeDiATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algniffication in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	diseases, or heart failure. Inal Hittona, ediate //ING urry ST	complications the Liet only one cau a. DUE TO b. DUE TO c. DUE TO d	Jase on aec	CONSEQUENCE CONSEQUENCE CONSEQUENCE t not resultin	OF): OF): OTHER 4.2 Nur	JBBAI 107 To the mo	RD FI WILK da of dy g ceuse	UNERA ENS A ing, such	Part I.	UE-BA diac or red 24a. WAS PERF 1 UYES	AN AUTOPSY ORMED? 2 ISNO	4	Approximatinterval Bet Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset a
23. PART I. Enter the dishock, or PilmmeDiATE CAUSE (Fildisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuther initiated events resulting in death) LAS PART II. Other aignificated events resulting in death) LAS 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	diseases, or heart failure. inal inal inal inal inal inal inal inal	complications that List only one cau a. Due To b. Due To c. Due To d	Jee on aec	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE There is not resulting All home, farm	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI 107 To the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the	RD FI WILK da of dy da of dy ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C	UNERA ENS A ing, such	Part I.	UE-BA diac or red 24a. WAS PERF 1 YES	AN AUTOPSY ORMED? 2 爲NO	CCURE	Approximatinterval Bet Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset and 1 Onset a
23. PART I. Enter the dishock, or himmediate Cause (Fidisesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LASSE (Disease or injurity in the initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity that initiated events resulting in death) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or injurity) LASSE (Disease or	diseases, or heart failure. inal tiona, ediate //ING ury ST ant condition	complications that List only one cau a. Due To b. Due To c. Due To d	LERVOUTPET ERVOUTPET ERVOUTPET FINJURY OF INJURY	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE There is not resulting All home, farm	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI 107 To the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the	RD FI WILK da of dy da of dy ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C ACE OF C	UNERA ENS A ing, such	Part I.	UE-BA diac or red 24a. WAS PERF 1 YES OF (Specify) SCRIBE HON	AN AUTOPSY ORMED? 2 爲NO	CCURE	Approximatinterval Bet Onset and I
23. PART I. Enter the dishock, or PimmeDiATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthated diseases, or heart failure. inal him in tions, ediate fing ury strong ant condition and condition to MEOICAL. Pending investigation Could not be detarmined triffying Phys	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	Jee on aec I (OR AS A C OR	CONSEQUENCE The Consequence Consequence Consequence Consequence The Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequenc	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI O7 To the moo	RD FI WILK da of dy da of dy ACE OF C ACE OF C B 5 R URY AT WES 2 [given in DEATH (Ch	Part I. eck only of a Other 28t. LOC City to the car	24a. WAS PERF 1 YES	AN AUTOPSY ORMED? 2 MNO w INJURY OF	CCURE	Approximatinterval Bet Onset and I	
23. PART I. Enter the dishock, or PimmeDiATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthat initiated events resulting in death) LASSE (Disease or injuthated diseases, or heart failure. inal inal inal inal inal inal inal inal	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	Jee on aec I (OR AS A C OR	CONSEQUENCE The Consequence Consequence Consequence Consequence The Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequenc	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI O7 To the moo	RD FI WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK	given in DEATH (Ch	Part I. Part I. eck only o a Othe 281. LOice to the ca	24a. WAS PERF 1 YES	AN AUTOPSY OR MED? 2 NO W INJURY OR wet and Number to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due to and due t	CCUREI ated.	Approximatinterval Bat Onset and I 24b. WERE AUTOPSY FIN AMERICAN TO COMPLET PRIOR TO COMPLET PRIOR TO OF DEATH? 1 YES 2 NO D Iral Route Number,	
23. PART I. Enter the dishock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAST II. Other algniffication death) PART II. Other algniffication death) 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29s. CERTIFIER (Check only one) 2 MED	diseases, or heart failure. inal inal inal inal inal inal inal inal	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	OR AS A CO (OR AS	CONSEQUENCE The Consequence Consequence Consequence Consequence The Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequenc	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI O7 To the moo	RD FI WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK	given in DEATH (Chi seldence NO	Part I. eck only of a Other to the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date of the castime, date o	24a. WAS PERF 1 YES ACTION (Streetly) SCRIBE HON CATION (Streetly) To be and place,	AN AUTOPSY CORMED? 2 MNO N INJURY OC et and Numberte) 29d. DA	CCUREI ated.	Approximatinterval Bet Onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset and I onset a
23. PART I. Enter the dishock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAST II. Other algniffication death) PART II. Other algniffication death) 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29s. CERTIFIER (Check only one) 2 MED	diseases, or heart failure. inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, ediate // inal tiona, edia	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	OR AS A CO (OR AS	CONSEQUENCE The CONSEQUENCE CONSEQUENCE CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE The CONSEQUENCE T	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	JBBAI O7 To the moo	RD FI WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK WILK	given in DEATH (Chi seldence NO	Part I. Part I. eck only o a Othe 281. LOice to the ca	24a. WAS PERF 1 YES CATION (Street or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State or Town, State	AN AUTOPSY PORMED? 2 MNO W INJURY OF et and Numberte)	CCCUREI ated.	Approximatinterval Bat Onset and I 24b. WERE AUTOPSY FIN AMERICAN TO COMPLET PRIOR TO COMPLET PRIOR TO OF DEATH? 1 YES 2 NO D Iral Route Number,

_
oʻ.
\approx
~
00
č
\times
0
BOX 68760
444
-
P.O.
0
-
RECORDS, I
S
or
_
Q
\circ
ш
~
_
OF VITAL
4
-
_
>
11
-
O
-
=
NISION
-
S
=
0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN						
1	1. DECEDENT'S NAME (First, Middle, List)	INA G. HUT	CHINSON	14	2. DATE OF DEATH	RASY YA	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 220-14-2096	5. SEX 6. AGE (In yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) FEB. 19,19	8. BIRY Cou	**				
	9a. FACILITY NAME (If not institution, give a	treet end number)	9b.	CITY, TOWN OR LOCATION OF E		9c. COUNTY OF					
DIRECTOR	ST. AGNES HOSPI	TAL		BALTIMORE							
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Υ	10c CITY TO	VN OR LOCATION			10d. INSIDE CITY				
E .	MARYLAND			rimore			LIMITS?				
	10e. STREET AND NUMBER		DAL	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTR					
ER/	403 S. BEECHFIELD	AVENUE - AP	ТВ	21229		11	S.A.				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	s or No- 14. RA	CE — American Indian.				
	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 TYES	Z X NO	If yes, specify Cuben, Mexic 1 ☐ YES 2 💢 NO Speci		100	sck, White, etc.				
	15. DECEDENT'S EDUC	2071011	!				WHITE				
TE	(Specify only highest grade	completed)	(Give kind of work diffe. Do NOT use retir	IL OCCUPATION one during most of working ed.)	16b. KIND OF BUS	SINESS/INDUSTRY					
PLE	8TH GRADE	College (1-4 or 5+)	HOMEN								
OM	17. FATHER'S NAME (First, Middle, Last)		1101121		AME (First, Middle, Maiden	Surname)					
	MARK WILLIAM	S		SARAI	H JAMESON						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street and Number or Rural		m, State, Zip Code)					
F	MRS. CONSTANCE D	YER	620 MAI	RKHAM ROAD - I	BALTIMORE,	MD. 212	29				
	20s, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo		PLACE AND DATE OF DIS	POSITION (Name of		CATION — City or					
	4 Donetton 5 Dother (Specify) LOUDON PARK CEMETERY 11/13 BALTIMORE										
	21. SIGNATURE OF PURCHAC SERVICE CIT	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.									
	Tours .	Smill		107 WILKENS A			MD. 21229				
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused Liet only one-cause on e	the death. Do not each line	nter the made of dying, su	ch as cardiac or respi	iratory arrest,	Approximata Interval Between				
	IMMEDIATE CAUSE (Finel	1		1	, ,	mi	Onset and Death				
	disease or condition resulting in death)	July C	XTEMSIVE	PLETEROSEPI WUTH CARPO	THE + LAN	111/.					
	Vi Postavi	DUE TO (OR AS A	CONSEQUENCE OF):	WUTH CARPI	OSEBUC S	HOCK					
ON	Sequentially list conditions,	DUE TO JOH AS A	CONSEQUENCE OF:	HENGIPU	ECOLH.						
AT	if any, leading to immediate cause. Enter UNDERLYING	. 1	PONFIZ	er-Henero	1 Dies	nor	1				
Ĕ	CAUSE (Diseese or injury that initiated events	DUE TO JOR AS A	CONSEQUENCE OF):	4 Herry	- I lake	mae					
E	resulting in death) LAST	4		1 /							
	PART II. Other significant condition	s contributing to deeth b	ut not reculting in the	underlying cause given in	Part I. 24e, WAS AN	AITMPSY 12	4b. WERE AUTOPSY FINDINGS				
				and anything obtained great in	PERFOR	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE				
E			OF DEATH?								
		1 TES 2 NO									
¥	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)						
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		1ER: Nursing Home 5 ☐ Residence	6 Other (Specify)						
둦	27. MANNER OF DEATH	26e. DATE QF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED					
	1 Natural 5 Pending 2 Accident Investigation	(Moran, Day, Iban)		WORK?							
	3 Suicide 6 Could not be	26e. PLACE DF INJURY building, etc. (Spec	At home, farm, street,	factory, office	281. LOCATION (Street a City or Town, State)		f Route Number,				
	4 Homicide determined										
립		CIAN: To the best of my knowl	edge, death occurred at t	he time, date end place, and du	e to the cause(e) and mar	nner as stated,					
Š	one) 2 MEDICAL EXAMINE	R: On the basis of examination	end/or Investigation, in	my opinion, death occured at the	time, date and place, an	id due to the cause	o(s) and manner as stated.				
	296. SIGNATURE AND TITLE OF CENTIFIER	11/		29c. LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)				
	Julhou to	monh				>					
	30 NAME AND ADDRESS OF PERSON WHO	D COMPCETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)								
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	31. DATE FILED (Month, Day, Year)	/ I so opposite the			111		101-11-1				
		32. REGISTRAR'S SIGN	ALURE TO ALURE								
- 0	NOV 1 2 1997	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa					- 4				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be recorded within 24

HANDLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FINAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be consistent with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

THAT II HOM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

7:58 P.M.

_	REGISTRAR		CE	an i irii	CAIL	P DEATH		REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)	Hess	/117	ו עמי	HESS)			DATE OF DEATH	AY.	YEAR	3. TIME OF DEATH
	Harry						11 6 92			1428 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 1 2 1 F	6. AGE (In yrs. less 76		IF UNDER 1 YEA		- /	Month, Day, Year)		Country)	
	116-07-2693A Sa. FACILITY NAME (If not institution, give s.	70	-	9b. CITY, TOW	N OR LOCATION OF	DEATH	10-3-19		NTY OF DE	EW YORK	
DIRECTOR	BALTIMORE COUNTY		HOSPITA	AL							MORE
JE I	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO			TOUR I			10d. INSIDE CITY
	MARYLAND BA			RAND	ALLS	STOWN			LIMITS?		
FUNERAL	3706 SHELLBROOK			101. ZIP CODE	1133	.33 USA			IAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 N	MED IO	If yes	PECENDENT OF HIS specify Cuben, Max ES 2 NO Spe	ican, Pu	RIGIN? (Specify Yee erto Rican, etc.)	or No-	14. RACE - Black, Specify	American Indian, White, etc. WHITE
	15. DECEDENT'S EDU	CATION	TATT 16e. DE	CEDENT'S L	ISUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/INC	DISTRY	111.1.1.1
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(G/	ve kind of we Do NOT use	ork done during	most of working		ioo. Kino or bot		FURNI'	TURE
N N	17. FATHER'S NAME (First, Middle, Last)							a sieter corre			
BE CC	JACOB	HESS					ACHA	irst, Midrille, Malden VEL (1	UNKNO	WN)	
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stre	et and Number or Rui	ral Route	Number, City or Tow	n, State, Zip	Code)	
2	MRS. ETTA HESS		37	706 SI	HELLBR	OOK CT.,	RAN	DALLSTO	WN, M	1D 2]	1133
	20e. METHOD OF DISPOSITION 132 Burlei 2 Cremation 3 Removal from State 42 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION/Name of cametery, crematory or other place) FORBAND 11-8-92 ROSEDAL								No.		
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENGLE	1		22. NAME		FACILITY		VINSC	N & I	BROS., INC.
	23. PART I. Enter the diseases, or o	more	my de	eth De s	1						
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (C	e on each ilna.	Y O	and	¿ lu:					Approximata Interval Between Onset and Daath
CERTIFICATION	disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
	PART ii Other elgoificent condition	e contribution to d	la adh la sa a a a		* 4.1						
EDICAL	PART II. Other algorificant condition	esulting in	the underly	in Part	Part i. 24s. WAS AN AUTOPSY PERFORMED?		_ 6	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	OF DE									DF DEATH?	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH	Check or	nly one)			
<u>s</u>	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	ome 5 - Residenc	a 8 🗆	Other (Specify)			
ву РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? WORK? 1 Pending 28c. INJURY AT WORK? WORK? 1 VERY 2 NO.										
입	Investigation Suicide 8 Could not be detarmined	28s. PLACE OF building, et	INJURY — At hor c. (Specify)	me, ferm, st	reet, factory, o	fice	28f.	LOCATION (Street a City or Town, State)	and Number	or Rural Roo	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m	ny knowledge, des minetian end/or is	nth occurred	at the time, o	eta end place, end d	lue to the	e cause(e) end man	ner as stat	led. ne cause(e) (end manner ee stated.
BE I	296. SIGNATURE AND TITLE OF CERTIFIER	er Oce	In W	D.		29c. LICENSE N		3	29d. DAT	E SIGNED (Month, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, F	Print)				- 1		174
	NOV 1 2 1992	1 10 10 AB	A SUPPLY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA								

6+1

BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTI	FICALE	OF DEA	AIH -	REG. I	NO.				
	1. DECEDENT'S NAME (First, Middle, Last) SAMUEL	P. JOHN	90W				2. DATE OF DEATH MONTH	DAY	YEAR 3.	H: 32 PM		
	4. SOCIAL SECURITY NUMBER 247325894	5. SEX 8. A	GE (In yrs. lest birthda) 70 YRS.) IF UNDER MONTHS	1 YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Clay, Year	AR.		CE (State or Foreign		
OR	90. FACILITY NAME (If not institution, give st Good Samaritar	9b. CITY	BALTI		ATH 96. COUNTY OF DEATH BALTI HO.							
ם	RESIDENCE OF DECEDENT											
DIR	MARYLAND BALTIMORE BALTIMORE IN											
FUNERAL DIRECTOR	2/03 SOUTHER				101. ZIP CODE 10g. CITIZEN OF					COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ES 2 NO	1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 X☐ NO Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify: 1. Specify							
ᆲ	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT	S USUAL OC	CCUPATION during most of wor	kina	16b. KIND OF	BUSINESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	life. Do NOT	use retired.)	•		Beth1	ehem	em Steel			
S	17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First, Middle, Mail	den Sumame)				
BE	John Johnson				Mlá	rie	Woods					
0	19e. INFORMANT'S NAME (Type/Print)	·-····································	19b. MAILIN	IG ADDRESS	(Street and Numb	er or Rural	Route Number, City or	Town, State, Zip	Code)			
=	Marie Griffin		5218	The	Alame.	da/B	altimor	e. MD	2123	q		
	20e. METHOD OF DISPOSITION 1	val from Stale	20b. PLACE AND DATE	E OF DISPOS	The Alameda/Baltimore, MD 21239 DETERMINED TO THE ST. NO. ALE OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, State ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROPERTY OF TOWN, STATE ON PROP							
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	22. 1	NAME AND ADDR	ESS OF FA						
	23. PART I. Enter the diseeses, or co	ompilcations that cau	sed the death. Do									
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARD ASP	n each line. IAC AA IRATION SA CONSEQUENCE	REST	SECO	NOME	4 10	аривоту ат	,	Approximete interval Between Doset and Death		
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. Due to (or as a consequence of):											
DICAL	PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. DIABETEL MENULTIES 246. WERE AUTOPSY PERFORMENT 246. WERE A											
PHISICIAN: MEL	PERIPHERAL VASCULAR PISCAGE 1 YES 2 NO OF DEAT 1 YES 2 NO OF DEAT 1 YES 2 NO OF DEAT											
Š	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Ch	eck only one)					
8	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER 4 Nurs		Posidence	8 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	RY 28b. Ti		28c. INJURY AT WORK?		26d. DESCRIBE HO	W INJURY OCC	URED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	M 1 YES 2 NO URY — Al home, farm, street, factory, office Specify)				281. LOCATION (Street and Number or Flural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER									manner as stated.		
O DE C	296. SIGNATURE AND TITLE OF CERTIFIER						I. DATE SIGNED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF MPD-LIM	DEATH (ITEM 27) (Typ	e, Print) SAM	RRITA	V H	OSPITAL C	OF MA	RYLA	NO		
	31. DATE FILED (Month, Day, Year)	MPD-LIM 32. REGISTRAR'S S	2 1992	juna	vavidon	Rand	ملاء					

6+1

DHMH-18 Rev 1/89

Some of Papers

STATE OF STATE

Arm State A. Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercia

. If the term of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of

A2-15

Annual Control Color

A SOCIAL SECURITY NUMBER

212-14-1282

OHA

9a. FACILITY NAME (If not institution, give street and number)

Greater Laurel Nursing Home

MONTHS

VRS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

95 CITY TOWN OR LOCATION OF DEATH

DAYS

Laurel

JOHNSON

1 XM 2 - F

6. AGE (In yrs. last birthday)

84

Virginia

9c COUNTY OF DEATH

3. TIME OF DEATH

3.40 A M

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

7. DATE OF BIRTH

03-13-08

-	77	~	Ŀ.
1	law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending phys and	Base	ð
100	V	ü	9
∕	S	j	ø
9	SE	agin	
4	d B	e b	
E-13	ipu	as th	
20	affe	esn	
2	al or	JO.	
0	spit	hed	
Z	e ho	etac	
7	y th	be d	
₹	edb	Pin	
A	etain	Sho	
Σ	De	36 5	
ЩÎ	nay	pai.	
O	9	ector.	
ž	Page	din	
BALTIMORE, MARYLAND 21203-3146	ath.	nera	
×	de:	le fu	-
ш	afte	5	MOV.
	Surs	=	50
€	2	filled	0U,
	thin	stely	mati
6,	MP	Jd I	, cre
317	cute	90 p	urial
	909	n ar	10
õ	te be	Sicia	prior
0	ifica	F	ene
o.	Le3	ding	Hygi
σ.	eath	after	Ital
Ś	he d	the	Me
2	hat t	5	and
Ö	t sa	gner	ealth
E	adulr	is ué	Ĭ
- RECORDS, P.O. BOX 13146,	JA VE	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria terms in	lept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	100	03	92

DIVISION OF VITAI HOSPITAL OR ATTENDING PHYSICIAN: The

Prince Georges DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 105 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges XX YES 2 NO Laurel 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 304 Thomas Drive, 20707 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2XX Married В 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Steel Worker Steel Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James W. Johnson Blanche Inge notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia Johnson 304 Thomas Drive, #2, Laurel, MD pe 20a METHOD OF DISPOSITION
1/L/ Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Parklawn Cemetery Rockville, Maryland 4 Donation 6 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE-LICES lall Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel 20707 medical 23. PART I. Enter the disea one that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiretory erreat, Approximete shock, or heart failure. List only **Onset and Deeth** IMMEDIATE CAUSE (Final the Protate mouse orial inforction
over TO (OR AS A CONSEQUENCE OF): diseese or condition minutes resulting in death) event, P COALESTON OUE TO (OR AS A CONSEQUENCE OF): SUPR AUCHEUR POLLS injury, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate had death with the State O item HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TYES 2 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: Af 2 hours after d # Item 28 Is COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR ATTY
TO THE FUNERAL DIRECTO
DE filed within 72 hours af
IMPORTANT: If Item 24 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as attated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 291 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Manik, MD 8317 Chem La Christopher Laurel 140 2070 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89 new artists of

21 - -

and the second second second

osc	Je C		-3	
e h	etac		9	
y th	be d		at	
pe	plu		P	
rtain	Sho		5	
96 76	9		D DC	
lay L	<u>pa</u>		Ď	
9	ctor,		nus	
206	dire		er r	
4	eral		듩	l
deat	투	_:	exa	l
affer	#	DOVA	ca	H
2	드	E E	edi	
P P	ed	9	E	
п 24	ly fi	atto	Ē	
ATT.	plete	rem	ent	
pet	E03	ر رو	6	ı
поек	pue	ğ	atic	l
96	an	r to	E	ı
ate	ysic	ĕ	r tr	ı
rtific	d b	ene	the	
99	ndin		0 0	
deat	atte	enta e	7	
the	the	Ž	를	
that	D G	n an	Ju.	
res	igne	ealt	5	
edui	69	9	hov	l
W.	S De	ept.	23	ı
The	le h	9	E	l
A.	ifica	Sta	T.	ļ
SICI	Cert	ţ,	1,0	١
F	this	M	Tee.	l
NG.	Affer	eath	E	l
ENG	30	ter d	3 18	ı
AT	5	s af	1 28	ĺ
OR O	DRI	hour	Hen	
展	RAL	R	=	
LISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the kineral director, page 5 should be detached	ways 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AMP: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1

31. DATE FILED (Month, Day, Year)

					RTIF	MENT O		DEATH	REG. NO				
1. DECEDENT'S NAME (Fit		TE SU	SAN	ΙΔ	CKS	ON			2. DATE OF DEATH	AY	92 ^{YEAR}	3. TIME OF DEAT	ТН Ам
4. SOCIAL SECURITY NUI	JEANETTE SUSAN						1			_	-		-
220-20-64		5, SEX		(In yrs. lust		IF UNDER 1 YE	-	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 / 15 /	1901	Count	HPLACE (State or Forty) MD	oreign
9a. FACILITY NAME (If not institution, give street and number)							R LOCATION OF DE	ATH		UNTY OF D			
· · · · · · · · · · · · · · · · · · ·	Joseph's Nursing Home					Cato	ns	ville		В	ALTI	MORE	
RESIDENCE OF DE	10b. COUNTY	~			40- 000	TOWN OR L	OCATI	ON				10d. INSIDE CITY	·
MD		Baltimore	ltimoro			altimo		ON				LIMITS?	
		<u>Jartimore</u>	-		В	artimo						1 YES 2 X	Кио
10e. STREET AND NUMBE							101.	ZIP CODE	0	10g. CI		WHAT COUNTRY?	
	St. Ac	gnes Lar						2122		L.		ISA	
11. MARITAL STATUS		12. WAS DECEDE FORCES?				13, WAS	DECE	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yar n, Puerto Rican, atc.)	or No-	14. RACI Blac	E — American Indi k, Whita, etc.	lan,
1 Never Married 2 [3 X Widowed 4 Di		IF YES, GIVE						2 XNO Specify			Spec	white	
										<u> </u>			
	CEDENT'S EDU			/G	ive kind of w	ISUAL OCCUI			16b. KIND OF BU	SINESS/II	VOUSTRY		
Elementary/Secondary		College (1-4 or	5+)		Do NOT use	VZ							
8TH				V	VAITE	RESS							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)									
WILLIAM NICKOLSON					MARGARETE WEIR								
19a. INFORMANT'S NAME	(Type/Print)			191	b. MAILING	ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
St. Joseph's Nursing Home 1222 Tugwell Dr., Catonsville, Md. 21228													
20s. METHOD OF DISPOSITION 1 Cremation 3 Removal from State 4 Donation 5 Other (Specify) OTHER (Specify) Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Cont													
21. SIGNATUME OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
64	-0	11/2	11		2				EBER F.H				
ala	rely	1. M	100	2		53	11	EDMONI	DSON AVE	.BAI	TIM	ORE MD	.21
23. PART i. Enter the	diseasea 9	complications to	hat cause	d tha de	ath. Do n	ot entar the	mod	de of dying, suc	h aa cardiac or resp	iratory a	rrest,	Approxim	
IMMEDIATE CAUSE (List only one C	ause on e	PACH INTE		~		. 11		1		Onset an	
disease or condition						men	1	- Hea	ent Facel	141		3	- M
resulting in death)	Besses or condition a. Due to (or as a consequence of): Hyperkness (asks propulate 3)												
	_					Hrei	m	Ensure	Cardid N	-	In l	33	20
Sequentially list cond		DUE 7	TO (OR AS	A CONSE	DUENCE OF		7	1		7.26	Tree-Fra	-	-
if any, leading to imm cause. Enter UNDER	ERLYING William Breezes Por												
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
resulting in death) LAST													
		11.											
PART ii. Other aignifi	cant condition	na contributing	to death i	but not i	resulting i	n the under	rtying	cause given in			Y 24	b. WERE AUTOPSY I	
			PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
												1 YES 2	NO
					-				_				
25. WAS CASE REFERRED	TO MEDICAL					-	26. PL	ACE OF DEATH (Ch	eck only one)				
EXAMINER? 1 YES 2 NO		HOSPITAL:) [] EDM-	nettent "	. □ no4	OTHER:			8 Other (Specify)				
27. MANNER OF BEATH				processor d	28b. TiMi			URY AT	28d. DESCRIBE HOW	INJURY (CCUREN	-	
1	NNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)					JRY	WO	RK?	-30. 52401102 11011				
2 Accident Investigation				V 44.1				ES 2 NO	204 1 00477011 /0:	and Marin	has as 0	Dougla Museum	
2 Accident	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building, etc. (Specify)				orne, Term, s	treet, factory,	Office		28f. LOCATION (Street City or Town, State		per or Runkl	PIOUTE NUMBER,	
2 Accident 3 Suicide 8													
2 Accident	determined					_							_
2 Accident 3 Suicide 8 4 Homicide		SICIAN: To the best	of my know	wledge, de	eath occurre	d at the time	, clate	and place, and due	to the cause(s) and ma	nner as s	stated.		
2 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only	HTIFYING PHYS								to the cause(s) and mi			(a) and manner as	stated.
2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 M	HTIFYING PHYS	IER: On the besis o							time, data and place, a	nd due to	the cause	(a) and menner as	

5. 35. 30

1.8

S. D. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 show

	1 - FOR STATE OF MARYLAND / DE REGISTRAR CER	EPARTMENT OF		ENTAL HYGIEN	-	315/3
	1. DECEDENT'S NAME (First, Middle, Lest) E. Jenkins		·	DATE OF DEATH	· - 9"	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 1. Social Security Number 1. Social Security Name (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS DA		Month, Day, Year)	7	BIRTHPLACE (State or Foreign Country)
TOR	Chesapeake Manor Nursing Center		rnold	н "	9c. COUNTY Ann	e Arundel
FUNERAL DIRECTOR	Maryland Anne Arundel	De. CITY, TOWN OR LO	Pasader	na		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
IERAL	441 South Carolina Ave.		10f. ZIP CODE 21122			of what country? d States
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wiklowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES	If yes	DECENDENT OF HISPANIC is, specify Cuben, Maxican, F YES 2 NO Specify:	ORIGIN? (Specify Yea Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) (Give killen Do Elementary/Secondary (0-12) College (1-4 or 5 +)	DENT'S USUAL OCCUP dnd of work done during NOT use retired.)	PATION g most of working	186. KIND OF BUS	t Met	
BE CON	17. FATHER'S NAME (First, Middle, Lest) William Edward Hirsch	n	18. MOTHER'S NAME Elizabe	(First, Middle, Maiden		melung
TO B			arolina Ave			,
	Surial 2 Cremetion 3 Removal from Stata Other place) Cedar F	Hill Ceme		Ba	cation—city ltimor	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSÉE	Mc	E AND ADDRESS OF FACILITY Cully Funera 04 Mountain	al Home o		dena Maryland 2112
	23. PART I. Enter the diseases, or complications that caused the death shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Do not antar tha	moda of dying, auch a	a cardiac or reapi	ratory arrest	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NCE OF): Piet	nve Ol marg	Direa	re re	
PHYSICIAN: MEDICAL CE	PARTITION Significant conditions contributing to death but not result for the form of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of	illing in the under	lying ceuse given in Pa	rt i. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Output lent 3 1	OTHEB	8. PLACE OF DEATH (Check			
ву РНУ		8b. TIME OF 28c	Home 5 Residence 8 Language St. INJURY AT WORK? YES 2 NO	□ Other (Specify) Bd. DE\$CRIBE HOW II	NJURY OCCUR	ED
	3 Suicide S Could not be determined 28a. PLACE OF INJURY — At home, building, atc. (Specify)	farm, street, factory,	office 2	81. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation.					suse(a) and menner as stated.
TO BE C	296. SIGNATURE, AND TITLE OF CERTIFIER Attending	e Doct	Y D2169	8 4	29d. DATE SI	GNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)		GLENS	BURNE.	1	021061.

widon-Rondall

2 1992

-

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E	
8	1. DECEDENT'S NAME (First, Middle, Last) THELMS	THELMA				11 3		Z June W
7	4. SOCIAL SECURITY NUMBER 220 - 30-0640 9a. FACILITY NAME (If not institution, give st	1 - M 2 XF 8	/ YRS.	F UNDER I YEAR	HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	Ma	RTHPLACE (State or Foreign intry) ryland
TOR	Joseph Ritchie F				imore	CAIN	9c. COUNTY Of	
DIRECTOR	106. STATE 106. COUNTY Maryland	na		TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3838 Roland Aver	nue		101	21211			F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		INIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	Bi	NCE — American Indian, ack, White, atc. worlly:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 +	College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use LPN NUTS	rk done during mo retired.)		166. KIND OF BUS	cine	
	17. FATHER'S NAME (First, Middle, Leet) Jacob Gilbert Jan	nes			16. MOTHER'S N. Emma Le	AME (First, Middle, Maiden :	Sumame)	TEA.
TO BE	19a. INFORMANT'S NAME (Type/Print) Bernice James				nd Number or Rural	Route Number, City or Town		1110
	20a, METHOD OF DISPOSITION 1		D. PLACE AND DATE OF netery, cremetory or other	DISPOSITION (No			CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE Ronald Wa				more St, Ba		
	23. PART I. Enter the disease, of c shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. METAST	d the death. Do no ach line.	t enter the mo	de of dying, suc	TRUINOM	atory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	·	A CONSEQUENCE OF):					
AL CEF	PART II. Other eignificent conditions	contributing to deeth it	out not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFORI 1 YES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)	1	
is l	1 TYES 2 THO	1 Inpatient 2 ER/Out	ostlent 3 DOA 4	□ Nursing Hom	CHICAGO CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CON	6 Other (Specify)	10000	
BY PH	1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Next)	28b. TIME DAJU	M 1 1	RK7 /EB 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suitcide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, str ofy)	eet, feitlory, offic		261. LOCATION (Street as City or Town, State)	nd Number or Run	il Route Number,
COMPLETED	Check only 2 Millordal Examines	CLAN To the best of my snow	ledge, death occurred n and/or investigation,	at the time, date in my opinion, d	end place, and due	to the cause(e) and man	ner es stated. I due to the caus	e(e) and manner se stated.
BE	296. BIGHATURE AND TITLE OF CERTIFIER	+	Dillo	His	DI94	419	29d. DATE SIGN	ED (Month, Day, Year)
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type F	()	H Gor	to Book	. Ph	21239
	31. DATE FILED NOV 12 1992	REGISTRAR'S SIGN	ATURE	1				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	RE	G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Arthur Ca	rroll Jones			2. DATE OF OR	DAY 1	3. TIME OF OEATN 1844 M
	4. SOCIAL SECURITY NUMBER 217-01-4439	1 🔯 M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HF NTHS DAYS HOURS MIN	(0.4 44 - 50 -		BIRTHPLACE (State or Foreign Country)
TOR	St. Agnes Hospita RESIDENCE OF DECEDENT		98	BAltimore	F OEATN	9c. COUNT	Y OF DEATN
DIRECTOR	Md. Balt		10c, CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	106. STREET AND NUMBER 114 Frederick Hou			101. ZIP CODE 21228		US	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF NII If yes, specify Cuban, Me 1 ☐ YES 2 ☑ NO Se		etc.)	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	done during most of working tired.)		OF BUSINESS/INDUS	STRY
₹		4	Heating	g Technician	0:	il Compan	.y
	17. FATHER'S NAME (First, Middle, Lest)	2.2.2			NAME (First, Middle,	Maiden Sumame) beth Mora	
BE	Arthur Carroll Joi 19a. INFORMANT'S NAME (Type/Print)	ies	195 MAILING AC	ORESS (Street and Number or A	011		
2	Kevin Murphy		E-1004-1-11	iahart Road			21061
	20a. METHOD OF DISPOSITION © Burial 2 Cremation 3 Rem		. PLACE AND DATE OF C	ISPOSITION (Name of		20c. LOCATION — CH	
	4 Donation 5 Other (Specify)		netery, cremetory or other 11aney Val	ey Mem. Garde	ns 11/12	Timoniu	m, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	Hall M	200550	22. NAME AND ADDRESS O Sterling As 736 Edmonds	hton Fune	eral Home	
	IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.	Taket		r respiratory arrea	at, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):		ş¢.		
DICAL	PART II. Other aignificent condition	na contributing to death b	out not resulting in t	he underlying cause giver	1	WAS AN AUTOPSY PERFORMED? YES 2 TNO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF GEATH THER:	(Check only one)		
BY PHYSICIAN: ME	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Resider F 28c, INJURY AT WORK? M 1 YES 2 NO	28d, OESCRIBE	elly) E NOW INJURY OCCUI	RED
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, term, streed	nt, factory, office	281. LOCATION City or Town	(Street end Number or n, State)	Rural Route Number,
COMPLETED				t the time, date end place, and n my opinion, death occured at			l. cause(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mp			NUMBER OF 3	25d. DATE 5	SIGNED (Myrth, Cos. Was)
		bacu h D	71 M 71	idea (helice)	lone 2	1228	
	NOV 1 2 1992	32. REGISTRAR'S SIGN	ATUR				

PREFIX. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

	r	
at once.		
t be notified		-
caminer mus		
ne medical ex	-	
itle event, 11		
other trauma		01200121
injury, or a		-
1		(

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

THE TOLING HOPETING HORSE ST. 1. ADMILE SECRET HORSE ST. 1. ADMILE STATE OF CONTROL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		1. DECEDENT'S NAME (First, A	Widdle, Last)								2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF DEATH
THE TOTAL PROJECT PARKET ON DIAMETER AND DATES OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA						JON	ES		SR.						3:20 P M
THE JOHNS HORKINS HOSPITAL BALTIMORE CITY So. REALT MARKE FOR SOURCE WERE SOURCE TO SECONDY So. COUNTY OF SOURCE CONTROL OF SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SO			R				-							8. BIRTH	IPLACE (State or Foreign
DUPONE THE THE THE THE STATE OF DESCRIPTION OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTIES OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO					58	YRS.		CATS	HOURS	mores.				Occini	
STREET NO INJURIES 6.238 CTICKET PASS 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MART	~	9e. FACILITY NAME (If not inat	itution, give at	reet and number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE	ATH				
STREET NO INJURIES 6.238 CTICKET PASS 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MART	2	THE JOHNS HO	PKINS	HOSPITAL			BAL	TTM	ORE C	TTY			BAL	TIMO	RE
STREET NO INJURIES 6.238 CTICKET PASS 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MART	Si I			,		10c. CIT	Y. TOWN O	R LOCA	TION						104 Meine CITY
STREET NO INJURIES 6.238 CTICKET PASS 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.1 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.2 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MARTINE STRUE 1.3 MART	5	MD					•								LIMITS?
TO DOUGHE A CONSTRUCT OF PREMAL SET/FLUCTURE TO LOCATION TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE		10e. STREET AND NUMBER					2 01110		7 7 P CODE			-	10- CITI	ZEN OF I	
TO DOUGHE A CONSTRUCT OF PREMAL SET/FLUCTURE TO LOCATION TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	3	6238 Cricket	t Pas	SS											WHAT COUNTRY?
TO DOUGHE A CONSTRUCT OF PREMAL SET/FLUCTURE TO LOCATION TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	Š			12. WAS DECEDENT	EVER IN U.S. ARI	4ED	13. 1				IIC OBIGINS (Concilly Van			E American to disc
Black S. DECIDENT'S EDUCATION (Shorthy of Mighted grade complexed) Designation of Microsofthy (Price of Shorth Microsofthy) Designation of Microsofthy (Price of Microsofthy) Designation of Microsofthy (Price of Microsofthy) Designation of Microsofthy (Price of Microsofthy) T. T. ANTHER'S NAME (Price, Microsofth, Land) William F. Jones St. 10. MALING ADDRESS (Shorth and all systems and flowers of Price Team, Microsofth, Microsofthy) Name Promiser To Manufacture (Price Team, Microsofthy) Name Promiser To Microsofthy (Price Team, Microsofthy) Name Promiser To Microsofthy Name (Price, Microsofthy) Name Promiser To Microsofthy Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy) Name (Price, Microsofthy)			UU 2 A A	FORCES? 1	YES 2 AN	0	1	yes, sp	pecify Cube	n, Mexica	n, Puarto Rica	n, etc.)	G1 110—	Blac	k, Whita, etc.
NOTION TO THE PART II. Other significant conditions, and accounting in death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Ot		3 Widowed 4 Divorc	ed	17,1-1,1					Z EPINO	Specify	,.			Spec	Black
NOTION TO THE PART II. Other significant conditions, and accounting in death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Ot					18a. DE0	EDENT'S	USUAL OC	CUPATI	ON		16b. KI	ND OF BUS	INESS/IND	USTRY	
NOTION TO THE PART II. Other significant conditions, and accounting in death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Ot	9 1		-		life.	Do NOT us	e retired.)			v					
NOTION TO THE PART II. Other significant conditions, and accounting in death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the undertying cause given in Part I. PART II. Ot	물				Pro	gram	mer	Ana	lyst		Ве	ll At	lant	ic	
The composition The conditions The	8			C.									Sumame)		
Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name	H			Sr.											
20. MECHOO C DESCRIPTION 1 Survive 2 (ACCOUNTSTON) 2 Sea, METHOO OC DESCRIPTION 1 Survive 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 2 (ACCOUNTSTON) 3 (ACCOUNTSTON) 3 (ACCOUNTSTON) 3 (ACCOUNTSTON) 4 (ACCOUNTSTON) 4 (ACCOUNTSTON) 4 (ACCOUNTSTON) 4 (ACCOUNTSTON) 4 (ACCOUNTSTON) 4 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (ACCOUNTSTON) 5 (A															
Surfet 2 (A) Cremation \$ 0 Other (Specify) Catonsville, MD.		-				_	_			, Co	lumbi	a, MD	. 21	044	
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. 1913 W. Baltimore St. Balto., MD. 21223 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Batwes of newthing in death) 24. PART II. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Batwes of newthing in death) 25. PART II. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Batwes or condition or resulting in death) 26. PART II. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Batwes or conditions or constituting to death of the cause. Enter UNDERLYMBERT of the anterval of the cause of the constituting in death) 27. PART II. Other significant conditions, in more death or constituting in death) 28. PLACE DF DEATH (Disease or Injury) 28. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 29. PLACE DF DEATH (Disease or Injury) 20. PLACE DF DEATH (Disease or Injury) 20. PLACE DF DEATH (Disease or Injury) 20. PLACE DF DEATH (Disease		1 Buriel 2 -Cremation	3 🗌 Remo	oval from State	Camatany cross	netoni or ol	ther place)		ame of						
23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardisc or respiratory arrest, shock, or heart felture. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	- 1			ENORE	Metro	Cre	mato				111-9	Cato	nsvi	lle,	MD.
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final diseases or condition) Sequentially list conditions. I APPROXIMATE DUE TO (DR AS A CONSEQUENCE OF): Sequentially list conditions. I arry, leading to immediate cause. Enter INDEPERING DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): D		21. SIGNATURE OF PRINCHAL	SERVICE\UC	ENSEE			22,1	osej	on H.	Bro Bro	WII Jr	. Fun	eral	Hom	e P.A.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on such line. MMEDIATE CAUSE (Final deases or condition resulting in death) SUR TO (OR AS A CONSEQUENCE OF):		CKO	we	MY	\sim		1	913	W. B	alti	more :	St. B	alto	., M	D. 21223
MMEDIATE CAUSE (Final disease or condition) Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS		23. PART I. Enter the disc	eases, or c	omplications that	causad tha das	th. Do n	ot antar	tha mo	da of dyl	ng, suct	h sa cardisc	or respir	atory arr	est,	Approximate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):		IMMEDIATE CAUSE (Final		List only one caus	e on asch lina.										interval Between Onset and Death
Sequentially list conditions. If any, leading to Immediate cause. Enfar UNDERLYND CAUSE (Chease or Injury that initiated events resulting in death LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQU	- 1			TNE	ETTION	0.50	1/NDI	77*	RHIN	(-D)	Sugar	i om			2 4/6
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Mye could for Assay Memory Finding Amalable Prior to Completion of Cause of Death? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 26. DATE DF INJURY (Month, Day, Veer) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. PLACE DF OEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE DF INJURY M 1 VES 2 NO 28. PLACE DF INJURY At WORK? 1 VES 2 NO 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNASYURE AND TITLE OF CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 1 CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. SIGNASYURE AND ADDRESS OF/PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. SIGNASYURE AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 1	,		DUE TO (I	DR AS A CONSEQ	UENCE OF	F):		4.77		30 · 12 · 0	Bar			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Mye could for Assay Memory Finding Amalable Prior to Completion of Cause of Death? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 26. DATE DF INJURY (Month, Day, Veer) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. PLACE DF OEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE DF INJURY M 1 VES 2 NO 28. PLACE DF INJURY At WORK? 1 VES 2 NO 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNASYURE AND TITLE OF CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 1 CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. SIGNASYURE AND ADDRESS OF/PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. SIGNASYURE AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	z I	Sequentially list condition	Da 6												
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Mye could for Assay Memory Finding Amalable Prior to Completion of Cause of Death? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 26. DATE DF INJURY (Month, Day, Veer) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. PLACE DF OEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE DF INJURY M 1 VES 2 NO 28. PLACE DF INJURY At WORK? 1 VES 2 NO 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNASYURE AND TITLE OF CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 1 CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. SIGNASYURE AND ADDRESS OF/PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. SIGNASYURE AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Ě	If any, leading to immedia	ata	DUE TO (I	DR AS A CONSEQ	UENCE OF	F):								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Mye could for Assay Memory Finding Amalable Prior to Completion of Cause of Death? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 26. DATE DF INJURY (Month, Day, Veer) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. PLACE DF OEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE DF INJURY M 1 VES 2 NO 28. PLACE DF INJURY At WORK? 1 VES 2 NO 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNASYURE AND TITLE OF CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 1 CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. SIGNASYURE AND ADDRESS OF/PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. SIGNASYURE AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	윤	CAUSE (Disease or Injury		DUE TO (I	DR AS A CONSECU	IENCE OF	η.								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Mye could for Assay Memory Finding Amalable Prior to Completion of Cause of Death? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 WND 26. DATE DF INJURY (Month, Day, Veer) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. PLACE DF OEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE DF INJURY M 1 VES 2 NO 28. PLACE DF INJURY At WORK? 1 VES 2 NO 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. PLACE DF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. SIGNASYURE AND TITLE OF CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 1 CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Year) 29. SIGNASYURE AND ADDRESS OF/PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29. SIGNASYURE AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20. ARAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Ē					JE:10E ()	1.								
Myoculin, Ascy to Menuning his New Taulium 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 26. NANGE OF DEATH 1 YES 2 MO 27. MANNER OF DEATH 28. DATE DF NJURY (Month, Day, Year) 28. PLACE DF OEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 28. PLACE DF INJURY AT WORK? 4 Nursing Home 5 Residence 8 Other (Specify) 28. CERTIFIER (Check only one) 28. PLACE DF INJURY AT WORK? 1 YES 2 NO 28. PLACE DF INJURY AT WORK? 1 YES 2 NO 28. PLACE DF INJURY AT HOME, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. CERTIFIER (Check only one) 29. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 30. ANAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) ANAMIAL AND ADDRESS OF/PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)	8		- 0	l											1
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netures 5 Pending Investigation 2 Pending Investigation 3 Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 C	4													24b	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netures 5 Pending Investigation 2 Pending Investigation 3 Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 C	용미	Myocard	iti,	Ascepti	Menc	int	13	Rey	al Fa	ilier	1				COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netures 5 Pending Investigation 2 Pending Investigation 3 Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not be detarmined 2. Suickide 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 Could not 6 C	9					0	/				,				- 4
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. Accident 3 Sulcide 4 Homicide 6 Could not be determined 28a. PLACE DF INJURY — At home, farm, street, factory, office 28b. PLACE DF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 GOON NOTE: THE LIYOU BALTIMORE, MD . 21287	ž														
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. Accident 3 Sulcide 4 Homicide 6 Could not be determined 28a. PLACE DF INJURY — At home, farm, street, factory, office 28b. PLACE DF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 GOON NOTE: THE LIYOU BALTIMORE, MD . 21287	8		MEDICAL						LACE DF OF	ATH (Che	ick only one)				
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. Accident 3 Sulcide 4 Homicide 6 Could not be determined 28a. PLACE DF INJURY — At home, farm, street, factory, office 28b. PLACE DF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 GOON NOTE: THE LIYOU BALTIMORE, MD . 21287	ž I				ER/Outpatient 3	DOA			ne 5 🗌 Re	sidence	8 Other (S)	pecify)			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. Accident 3 Sulcide 4 Homicide 6 Could not be determined 28a. PLACE DF INJURY — At home, farm, street, factory, office 28b. PLACE DF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner se stated. 29b. SIGNASURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 GOON NOTE: THE LIYOU BALTIMORE, MD . 21287	E		Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o	28e. DATE DF II (Month, Day	NJURY (Ybar)						28d. OEŞCRI	BE HOW IN	JURY OCC	URED	
3 Suicide 4 Homicide 6 Could not be detarmined 288. PLACE DF INJURY — At home, farm, street, factory, office 289. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(e) end menner se stated. 299. SIGNASURE AND TITLE OF CERTIFIER 290. SIGNASURE AND ADDRESS OF/PERSDN WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) 7 AUL V. O I DUNKELL 2810 TO HAS HOPKINS HOSPITAL 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 285. LOCATION (Street end Number or Rural Route Number, City or Town, State) 286. LOCATION (Street end Number or Rural Route Number, City or Town, State) 287. LOCATION (Street end Number or Rural Route Number, City or Town, State) 288. LOCATION (Street end Number or Rural Route Number, City or Town, State) 289. SIGNASURE AND ADDRESS OF PRINTING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(e) end menner se stated. 289. SIGNASURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) MIG / 9 L. 30. NUMBER ST. MD. 21287							М			NO					
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) THE LIYOY 30. NAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL V. OID ONNELL 310 JOHN'S HOPKINS HOSPITAL 600 N. WOLFE ST. MD. 21287				28s. PLACE DF building, a	INJURY — At hon tc. (Specify)	ie, farm, a	treet, facto	ry, offic	•				d Number	or Rural F	loute Number,
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) THE LIYOY 30. NAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL V. OID ONNELL 310 JOHN'S HOPKINS HOSPITAL 600 N. WOLFE ST. MD. 21287	Ë.	4 Homicide de	darmined												
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) THE LIYOY 30. NAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL V. OID ONNELL 310 JOHN'S HOPKINS HOSPITAL 600 N. WOLFE ST. MD. 21287	3	(Check only	YING PHYSIC	CIAN: To the best of n	ny knowledge, des	th occurre	d at the th	ne, data	end place,	and due	to the ceuse(end menr	er ee atat	ed.	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) THE LIYOY 30. NAME AND ADDRESS OF/PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAUL V. OID ONNELL 310 JOHN'S HOPKINS HOSPITAL 600 N. WOLFE ST. MD. 21287	ō) end menner ee stated.
PAUL V. O'D ONNELL 200 JOHN'S HOPKINS HOSPITAL 600 N. WOLFE ST. MD. 21287	ш	296, SIGNAYURE AND TITLE O	CERTIFIER						29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
PAUL V. O'DONNELL MD JOHNS HOPKINS HOSPITAL 600 NOLFE ST. MD. 21287	8	Yant V.OC	ldun	-MD					JH	LIUM	4		> /	1/61	192
31 DATE FILED (MORTH DAY MAR) A 232 DEPOST DAYS SUBMITIONS HOPKINS HOSPITAL BALTIMORE, MD. 21287	F	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	DF DEATH (ITEM	27) (Туре,	Print)		- 1	70	600	37 77	יים זו	O.T.	
31. DATE FILED (Month Day Year)		PAUL V. O	DON	NELL MO	Joi	tws	HODI	CINI	5 Ho.	(D) D	12	BAL	LIMOI	RE, 1	MD.21287
		31. DATE FILED (Month, Day, Yes	ar)		'S SIGNATURE		- 1		7.99						
NOV 1 2 1992 gifte Davidson-Mandales		NUV 1 2 199	La	THE PURE TO SERVICE		-									

23 31576

(8)

WILLSON SECTION

2	B	0	
I hours after death. Page 6 may	0,	TS.	
9	Je Je	E	
Pag	ō	ē	
Ę.	era	声	
deat	5	2	
ler.	the the	=	
at	BE	3	
SID	.5	9	
5	lled n, o	=	
12	y f	=	
Ē	ete	핕	
3	E 2	2	
of the	Co la	3	
Sec	Pa	te l	
9	E C	5	
e d	Sici	E	
fica	£ 5	호	
er.	gie g	5	
4	H H	6	
dea	att	3	
9	島区	골	
at	and of	>	
th S	Et de	8	
uire	Sign	3	
reg	0,0	용	
W.	S b	63	
9	20	2	
E	tate	5	
AN	tific e S	2	
Sic	e ti	-:	
¥	With	9	
9	at the	Ja	
S	A de	50	
EN	OR:	8	
A	ECT S	2	
The law required OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, particular in the completely filled in by the funeral director, particular in the companion, or removal.	DHIVE II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b	
甚	42	=	
5	5.5	64	
7	25	3	
fe.	AR.	告]	

	1 - STATE REGISTRAR	STATE OF MARY	CERTIF	RTMENT	OF H	EALTH	AND I	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last) Margaret: A	Kamme	N					2. DATE OF DEATH	DAY	YEAR 92	3. TIME OF DEATH 9 PM
	4. SOCIAL SPEURITY NUMBER 2/3-24/507	1 □ M 2 💢 F	E (In yrs. last birthday) 92 YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) \$-19-		a. BIRTH Countr	HPLACE (State or Foreign ny) nsylvania
CTOR	9a. FACILITY NAME (If not institution, give so Charlestown Reti		unity			svil		EATH		1tim	ore Co.
DIRE		imore		aton:							10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
NERAL	715 Maiden Choic					2122	8		USA		WHAT COUNTRY?
BY FUN	3 ☑ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ▼ DNO Specify: Specify:								k, White, atc.		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT L	work done (se retired.)	during mo:	N st of workin	g	166, KIND OF BU			
at once.	2nd Grade 17. FATHER'S NAME (First, Middle, Last) Leo Shorb		Bakery	Dep	t.			Acme ME (First, Middle, Maider		ets	
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. John J. Kamm	er				nd Number	or Rural F	cMaster Poute Number, City or Tox altimore,		212	1.4
examiner must be notified at TO BE	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ◯ Other (Specify) ☐	2	Ob. PLACE AND DATE	OF DISPOS	ITION (Na	me of			CATION -	City or To-	wn State
examiner	21. SIONATURE OF FUNERAL SERVICE LIC	Ay U		Lo	name an Orin	g By	S OF FAC	Funeral D: Rd. Randa	lrect	ors,	Inc.
vent, the medic	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Only Ona causa on	ed the death. Do aach line.	not antar	tha mo	da of dyl	ng, auch	as cardiac or reap	iratory an	reat,	Approximata interval Batween Onsat and Death
Injury, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	B A CONSEQUENCE O	F):	te	ey c	19 1	slask			
MEDIC	PART II. Other algolificant condition	s contributing to death	but not resulting	in the un	derlying	causa g	ivan in I	Pert i. 24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DE	ATH (Che	ck only one)			
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 inpatient 2 ER/Ot 28e. OATE OF INJURY (Month, Day, Year)	/ 28b, TIN	4 Of Run	28c. INJU WOR	IRY AT		8 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OC	CURED	
ZS IS	3 Suicide 6 Could not be determined	26e. PLACE OF INJUI building, atc. (Sc	RY — At home, farm, secify)	street, facto	ery, office			26f. LOCATION (Street City or Town, State)		or Rural A	oute Number,
MPL II IE	2 MEDICAL EXAMINE	CIAN: To the best of my kno	wiedge, death occurr fon end/or investigation	nd at the ti	ne, date	and place, ath occurs	end due t	to the couse(e) end me	nner ee stat	ed. e cause(e)	end manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	1	asy)	B/-11		29c. LICE		BER クトフ	29d, DAT	E SIGNED	(Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG	711 m	414	yn	Cho	Me	Lane	2 2	2/2	228
	NOV 1 2 1992	and managed	Mulaciac								

BALTIMORE, MARYLAND 21203-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-recurs after death. Page 5 may be minned by the intended for use as TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	Daniel		Klayma	K		MONTH DA		2 6:40 Pm 4
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. at birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.1	BIRTHPLACE (State or Foreign
	103 20 8129	1 X M 2 - F	63 yrs.	MONTHS DAYS	HOURS MIN.	3MBAD, 442 1901	'	NEW YORK
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH T B I C	9c. COUNTY	OF DEATH
S.	HOLY CROSS HOS	SPITAL		SIL	VER SPR	ING	FIUN	GUMERY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	<u> </u>	140. 017	TY, TOWN OR LOCA	EION _			10d. INSIDE CITY
DIRECTOR		0.0000001/	100. 01	IT IN CI	ACE			LIMITS?
	100. STREET AND NUMBER	SOMERA		FVY LH	f. ZIP CODE		100 CITIZEN	1 ☐ YES 25€ NO OF WHAT COUNTRY?
RA	IVE. STREET AND HOMBER				208	15		S.A.
FUNERAL	11. MARITAL STATUS ELLINGS	Was DECEDEN	T EVER IN U.S. ARMED	13 WAS DE	2.00.	IIC ORIGIN? (Specify Yes	or No.— 14	RACE — American Indian,
F	1 Never Married 2 Married	FORCES? 1	YES 2- NO	If yes, s	ecify Cuban, Mexican 2 NO Specify	n, Puarto Rican, etc.)		Black, White, atc. Specify:
B⊀	3 Widowed 4 Divorced	ir res, dive ii	AN ON DATES	10 15	2 QNO Specify		[W	hite
B	15. DECEDENT'S EDU (Specify only highest grade			S USUAL OCCUPATE work done during m		18b. KIND OF BUS		
<u> </u>	Elamentary/Secondary (0-12)	College (1-4 or 5	He. Do NOT u	use retired.)		Walter		-
MPI		5+	REsear	ch Cher		Medica		ter
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
BE		Layman	1			a Nachmar		
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Theodora Klayn							se, MD20815
	20g. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram	oval from State	20b. PLACE OF DISPO		metery, crematory or	20c. LO	CATION — City	or Town, State
	Ø Donation 5 □ Other (Specify) □ 21, SIGNATURE OF FUNERAL SERVICE LIG	PENGEE	- JUDEAN (GAPDENS	ND ADDRESS OF FA	CHUTY TAKE	RKELK	AN CHAICDAL
	21. SIGNAL ONE OF FORENAL SERVICE LI	. n /		22. NAME A	ND ADDRESS OF PA	IAF2	PEAKS	UN FUNERAL
	1/ June Mil	Marlo	7	HOME,	Falls	Church,	VA 2	22046
	23. PART I. Enter the diseases, or shock, or heart fellure.			not entar tha m	oda of dylng, suc	h as cardiac or resp	Iratory errest	Approximate Interval Between
	IMMEDIATE CAUSE (Final	0.	Λ	(,				Onset and Death
	disasse or condition resulting in death)	a	may A	ckry	Deser			logis.
		OUE TO	(OR AS A CONSEQUENCE	OF):				
ON	Sequentially list conditions,	bOUE TO	(OR AS A CONSEQUENCE (OFI:				
AT	If any, leeding to immediata cause. Enter UNDERLYING							
FIC	CAUSE (Diseese or Injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):				
H	resulting in deeth) LAST	d						
MEDICAL CERTIFICATION	PART II. Other algnificent condition	ns contributing to	death but not resulting	In the underlyle	ng cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
SAL	TAIT II. Ollar argilliotti oollallo	- volumenting to	available for forming	, iii tiia uiidairyii	ig cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ö						1 TYES	NO	OF OEATH?
Z						_		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		26.1	PLACE OF DEATH (Ch	enck note noe)		
PHYSICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3 ☐ DOA	OTHER:	me 5 - Rasidence			-
H	27. MANNER OF DEATH	28a. OATE OI	F INJURY 28b. TI	ME OF 28c, IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
	1 Natural 5 Pending	(Month, I	Day, Year)		ORK? YES 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At home, farm	, atreet, factory, off	ca	281. LOCATION (Street City or Town, State		Rural Route Number,
TEC	4 Homicide determined	building	, etc. (Specify)			City or lown, State	,	
E	29a. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best o	f my knowledge, death occu	rred at the time, da	ta and place, and dus	to the cause(a) and me	nner as stated.	
COMPLETED	(Crieck Only							cause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	[A /			29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)
BE	(dlanie)		wh		1.C.541		1 G	to 10/30/92
5	30. NAME AND AGORESS OF PERSON WI	HO COMPLETED CAL	ISE OF DEATH (ITEM 27) (Typ	pe, Print)				, ,
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE				_	
	NOV 12 1992	Aulia Davi	dron Rando M.	\$				
		Um	2-10-1					DHMH-18 Rev 1/89

): :: (i - i:

	1 - FOR STATE REGISTRAR	STATE OF MARY		R MEO G-69 RTMENT OF H CICATE OF		reb MENTAL HYGII REG. 1		2 31579
	1. DECEDENT'S NAME (First, Middle, Last) IRVIN	BANKU		CHERMA		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/7-548096 98. FACILITY NAME (If not institution, give	1 1 2 0 F 4	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year,	-50	BIRTHPLACE (State or Foreign Country)
стов	900 PENNSYLVA	NIA AVENUE		BALT	IMORE	City	9e. COUNTY	OF DEATH
L DIRE	10e. STATE 10b. COUNT	Y	10c. CT	Y, TOWN OR LOCAT	MOY C		I so orum	10d. INSIDE CITY LIMITS7 1 PTES 2 NO
FUNERAL	1332 N. (AV EU 12. WAS DECEDENT EVER	IN U.S. ARMEO		2/2,	17 IIC ORIGIN? (Specify	4	N OF WHAT COUNTRY?
D BY FI	1 Never Married 2 Married 3 Willowed 4 Divorced	FORCES 1 YES	2 E NO	If yes, sp		n, Puerto Rican, etc.)		Black, White, etc.
ETE	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during more retired.)	ON sst of working	18b. KIND OF	BUSINESS/INDUS	TRY
BE COMPL	17. FAZMER'S NAME (First, Middle, Lest)	exteher	mon	SR.	18. MOTHER'S NA	ME (First, Middle, Meld	len Sumame)	ze.
TO	19s. INFORMANT'S NAME (Type/Print) 19s. INFORMANT'S NAME (Type/Print) 20s. METHOD OF OISPOSITION	rekurtcher	196. MAILING	32N.	CAYY	ST S	2/10,	md. 21217
9	1 Paurel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. In MATURE OF FUNERAL SERVICE LI	loval from State	metary, crematory or o	other place)	em ,	1/12	BALL	5. Co. Md
	23. WHT I. Enter the diseases, or shock, or heart fellure.	complications that cause	od the death. Do saach lina.	not anter the mo	2 W/N/o de of dying, suc	h aa cardiac or re	e, 69/	t, Approximate interval Between Onset and Death
	disease or condition resulting in death)	a. NARCOTIC AN	ND COCAINE					Onsat and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	b. OUE TO (OR AS	A CONSEQUENCE O	F):				: = :
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
EDICAL	PART II. Other significant condition	na contributing to death	but not resulting	in the underlying	g cause given in	PERI	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (Ch	eck only one)		1 X YES 2 □ NO
PHYSIC	YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out 28a, OATE OF INJURY	patient 3 DOA		e XXResidence			
ву Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Der Vear) 11/8/92	8:00	M 1 U	PRK? YES 2 X NO	UNKNOWN		
ETED	3 Suicide 8 XXCould not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe HOUSE	Y — At home, farm,	street, factory, offic		281. LOCATION (Stre City or Town, Str		Rurel Route Number, NNSYLVANIA AVE. 3
COMPL	one) 2 MEDICAL EXAMINI							cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	wright M.			O. C. M			GNED (Month, Day, Year) 1997 1992
T0	30. NAME AND ADDRESS OF PERSON WIDONALD G. WRIG							land 21201
	31. DAYENFILEO (Months Days Year)	32, REGISTRAR'S SIGI	Carda 12		CCL. Dd	· LIMOTE	. Mary	ranu ZIZVI

.

in its a

. . .

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IE HOSPING, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Pours are oeath with the state Dept. of Health and Mental hygene prior to burial, cremation, or removal.	then 28 is marked or item 23 shows any injury or other traumstic avent the medical avantage must be notified at another
(THE HOSPING	D THE LINERAL	A DODANGOOD A	SPORTANT II
40.0	34			

								9	2 31580
	1 - STATE REGISTRAR	STATE OF I			TMENT OF		IENTAL HYGIEN REG. NO	E	- 01000
9	1. DECEDENT'S NAME (First, Middle	(Last)	11/11	01	-		2. DATE OF DEATH		3. TIME OF DEATH
		EPH L	, KIVI		5,	e.		5 9	2 1308 "
	4. SOCIAL SECURITY NUMBER 215-01-7953	5. SEX	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 14-15-19		BIRTHPLACE (State or Foreign Country) VA
	Sa. FACILITY NAME (If not institution	-				OR LOCATION OF DEA	777 · T	9c. COUNT	Y OF DEATH
DIRECTOR	Baltimore (1 Hosp.		Balt	imore (114		
EC		COUNTY		10c. CITY	, TOWN OR LOC	NTION			10d. INSIDE CITY
듬	MD			В	altimo	re			LIMITS?
AL	10s. STREET AND NUMBER					of, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	2740 Ellico	tt Drive				21216	5	U.S	.A.
크	11. MARITAL STATUS 1 Never Married 2 Marrie		T EVER IN U.S. ARI	WED	13, WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14	I. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			S 2 NO Specify:			Specify: Black
ED	15. DECEDENT	'S EDUCATION	16a. DEC	CEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BUS	SINESS/INDUS	STRY
E	(Specify only higher Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gh	ve kind of w Do NOT use	rork done during n e retired.)	ost of working			
COMPLETED									
8	17. FATHER'S NAME (First, Middle, L.					18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
BE	James Evans					Maggie			
2	Mrs. Mildred	7					oute Number, City or Tow		
	20s. METHOD OF DISPOSITION				ETTIC		DATE 200 LO		D 21216 y or Town, State
	1 Surial 2 Cremation 3 4 Donation 5 Other (Specific	Removal from State	cemetery, cren	natory or oth	her place)				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	ARBUI	-US		AT DADK			, CO. MD.
-	LADION	U.L. Du	sel						ome, 2222-26
	23. PART I. Enter the disease	s, or complications the	et caused the dea	ath. Do n	Dt enter the m	ode of dying, such	as cardiec or respi	ratory arres	MD 21216
	IMMEDIATE CAUSE (Final	Illure. List only one ceu			~ 0				interval Between Onset and Death
	disease or condition resulting in death)	CAR	-DIAC	H	RRH	YTHMI	A		
		DUE TO	(OR AS A CONSEQ	UENCE OF):				
			1711	DE	C 113	10-0-1	I (LAA)		
NO NO	Sequentially list conditions,	b. DUE TO	OR AS A CONSEC	RE,	SIH	YTHMI	NOIL		
CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEO	RE,	S, H	POTEN	Noil		
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	с	(OR AS A CONSEQ	TENOL OF		100 TEN	NoIL		
SERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с		TENOL OF		100 TEN	ISI ON		
O	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c	(OR AS A CONSEQ	UENCE OF):		art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
O	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	(OR AS A CONSEQ	UENCE OF):		Part I. 24a. WAS AN	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
O	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	(OR AS A CONSEQ	UENCE OF):		art I. 24a. WAS AN	MED?	MAILABLE PRIOR TO
O	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cor	c. DUE TO d	(OR AS A CONSEQ	UENCE OF):		Part I. 24a. WAS AN	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
O	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant core 25. WAS CASE REFERRED TO MEDIEXAMINER?	c. DUE TO d	(OR AS A CONSEQUENCE death but not re	UENCE OF	n the underlyl		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
O	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cor	c. DUE TO d. Additions contributing to CAL HOSPITAL: 1 Inputient 2	(OR AS A CONSEQUENCE death but not re	DOA	26.1 OTHER:	ng cause given in P LACE OF DEATH (Chec The 5 - Residence 6	tart I. 24e. WAS AN PERFOR 1 VES 2	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin	c. DUE TO d	death but not re	UENCE OF	OTHER:	ng cause given in P	tart I. 24e. WAS AN PERFOR 1 YES 2	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cor 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin investig	c. DUE TO d	death but not re	DOA 28b. TIME	26. I OTHER: 4 Nursing Ho OF 28c. II NY M 1	PLACE OF DEATH (Chector 5 Residence 6 JURY AT ORK? YES 2 NO	Part I. 24e. WAS AN PERFOR 1 YES 2 Ck only one) Other (Specify) 26d. DESCRIBE HOW III	MED?	MANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin investig	c. DUE TO d	death but not re	DOA 28b. TIME	26. I OTHER: 4 Nursing Ho OF 28c. II NY M 1	PLACE OF DEATH (Chector 5 Residence 6 JURY AT ORK? YES 2 NO	24a. WAS AN PERFOR 1 YES 2	MED?	MANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant core 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin Investig Suicide 6 Could determine the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the c	CAL HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) aution to be need	death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but no	DOA 28b. TIME	26. I OTHER: 4 Nursing Ho OF INITY M 1 Irreet, factory, off	PLACE OF DEATH (Chec	Part I. 24e. WAS AN PERFOR 1 YES 2 Other (Specify) 2ed. DESCRIBE HOW III City or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIEXAMINER? 1	CAL HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) sation tot be need PHYSICIAN: To the best of	death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but no	DOA 28b. TIME INJU	26. I OTHER: 4 Nursing Ho G OF 28c. II NRY M 1	PLACE OF DEATH (Checine 5 Residence 6 JURY AT ORK? YES 2 NO	Part I. 24e. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW III 26f. LOCATION (Street of City or Town, State) o the cause(s) end man	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIEXAMINER? 1	c. DUE TO d	death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but no	DOA 28b. TIME INJU	26. I OTHER: 4 Nursing Ho G OF 28c. II NRY M 1	PLACE OF DEATH (Checine 5 Residence 6 JURY AT ORK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cor. 25. WAS CASE REFERRED TO MEDI EXAMINER? 1	CAL HOSPITAL: 1 Inpatient 2 1 Inpatient 2 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D) 1 See DATE OF (Month, D	death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but no	DOA 28b. TIME INJURIES FARM STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN ST	26. In the underlyle 28. OTHER: 4 Nursing Ho is OF 28c. IN W In 1 treet, factory, off d at the time, dat is, in my opinion,	PLACE OF DEATH (Chece to be and place, and due to death occurred at the ti	Part I. 24e. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street & City or Town, State) to the cause(s) end mar ma, date and place, an	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant core examiner? 1	CAL HOSPITAL: 1 Inpatient 2 Call Inpatient 2 Call Call Inpatient 2 Call Call Call Call Call Call Call Ca	GRAS A CONSEQUENCE of death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed to the death but not reconstructed t	DOA 28b. TIME INJURIES FARM STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN ST	26. In the underlyle 28. OTHER: 4 Nursing Ho is OF 28c. IN W In 1 treet, factory, off d at the time, dat is, in my opinion,	PLACE OF DEATH (Chece to be and place, and due to death occurred at the ti	Part I. 24a. WAS AN PERFOR 1 YES 2	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cores. 25. WAS CASE REFERRED TO MEDIES AMINER? 1	CAL HOSPITAL: 1 Inpatient 2 Call Inpatient 2 Call Call Inpatient 2 Call Call Call Call Call Call Call Ca	death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but not red death but no	DOA 28b. TIME INJURIES FARM STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN STATE IN ST	26. In the underlyle 28. OTHER: 4 Nursing Ho is OF 28c. IN W In 1 treet, factory, off d at the time, dat is, in my opinion,	PLACE OF DEATH (Checine 5 Residence 6 JURY AT ORK? YES 2 NO ce e and place, end due to death occured at the ti	Part I. 24a. WAS AN PERFOR 1 YES 2	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,

urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in by the funeral director, page 5.

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detache	edical examiner must be notified at once.
ONISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING AT A FOUND PRESIGNAR. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNKTION DRIVERS A minimal representation by the affineding physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached to the funeral director page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 5 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral director page 6 should be detached to the funeral di	be lied world at more than the state dept. Or regulation whiled anywhere prior to burket, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	92	3
CERTIFICATE OF DEATH REG. NO.		

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGI	ENE	3 2	31581
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1		3. TIME OF DEATH
	IRVIN JERO	ME	Корре	elman		11/8/92	DAY	YEAR	4:00 A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year		8. BIRTI	HPLACE (State or Foreign
	213-20-8661	1 X M 2 □ F 68	3 YRS.	MONTHS DA	S HOURS MIN.	6/27/19			YLAND
~	9a. FACILITY NAME (If not institution, give	street and number)			N OR LOCATION OF I	DEATH		UNTY OF C	
0	504 W. COLLEGE A	VE		SALIS	BURY		MTC	OMIC)
C C	10e. STATE 10b. COUNT	ry	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	MARYLAND WICO	MICO		LISBURY					LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
ER	504 W. COLLEGE S	T.			21801		USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVEL		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yea or No-	14. RAC	E — American Indian,
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE	DATES	1 🗆	Specify Cuben, Mexic (ES 21/2 NO Spec	an, Puerto Rican, etc.) lly:		Spec	k, White, etc. //y:
		1			**				ITE
	15. DECEDENT'S EDU (Specify only highest grad	e completed)	16e. DECEDENT'S (Give kind of life. Do NOT us	work done during	ATION most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
ا 🖫	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALES	ou rourou.		HARDWA	ARE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		7 57.13.25		18 MOTHER'S N	AME (First, Middle, Maid	den Sumamal		
-	DR. MAX KOPPEL	MAN			CARI		Jen Surnemey		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number or Rura	Route Number, City or	Town, State, Z	(Ip Code)	
임	MRS. GAIL H. KOPF	PELMAN			EGE AVE.	SALTSBUI			01
	20e. METHOD OF DISPOSITION V Burlel 2 Cremation 3 Ren	2	Ob. PLACE AND DATE	OF DISPOSITION	(Name of		LOCATION -		
	Donetion 5 Other (Specify)	NOVAL HOLL STATE	BETH TF	TLOH	11/10/92	B	ALTIMO	RE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	1/			AND ADDRESS OF F	ACILITY			
	* allensi	ce serv	nson			& BROS.,) M	D 21215
HILLATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a	S A CONSEQUENCE OF	MWW Fi:					Approximate interval Between Onset and Death
=	resulting in death) LAST	4							
3	PART II Oshor significant condition	u.							
N: MEDICAL	PART II. Other significant condition	ns contributing to death	but not resulting	in the underl	ring ceuse given in	PERI	AN AUTOPSY FORMED?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 TES 2 NO	1 Inpetient 2 ER/O			ome 5 Residence	8 🗆 Other (Specify)			
	27. MANNER OF DEATH 1 Naturel 5 Pending	28e. DATE OF INJUR' (Month, Day, Year	Y 28b. TIM		INJURY AT WORK?	28d. DESCRIBE HO	W INJURY O	CCURED	
6	2 Accident Investigation	28. DI ACE DE IN IIII	RY — At home, ferm, a		YES 2 NO				
COMPLETED	3 Suicide 6 Could not be 4 Hornicide determined	building, atc. (S)	pecify)	mreet, rectory, c	TICO	281. LOCATION (Stre City or Town, Sta	et end Numbe ste)	or Or Aural I	Route Number,
4	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurre	d at the time	ate and place, and di-	to the council and	manner of the	etad	
2		ER: On the basis of examinat							s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 97) /T/	Print)	11 705	0/		1/9	142
	Joseph A GE	2ASS8 14	5 E C	ARR ON	St	SAUSBU	RY	YWY.)
	NOV 1 2 1992	Jan Jan S	andere		-		L		
	MUV I Z 1992								

8	٠
2	1
00	1
9	ı
×	1
0	
m	
_	4
0	1
~	
-	4
'n	
Ö	1
~	
$\ddot{\sim}$,
\aleph	
O.	
Щ.	
щ	
_	
4	3
\vdash	F
5	-
	è
<u></u>	Š
O	2
Z	-
IVISION OF VITAL RECORDS, P.O. BOX 68760	
~	3
S	1
>	1
-	1

SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, name, 5 should be detached for use, as the hurrial-transit namer. 1 2 3 should	loval.	TO BE COMPLETED BY FUNERAL DIRECTOR
THE EXPENSION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	APPENDED TO THE OWN WITH THE STATE DEPT. OF Health and Mental Hygiene prior to burial, cremation, or removal. MEDITION IN INC. 25 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

						92	31582
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND ATE OF DEATH		_	
	1. DECEDENT'S NAME (First Middle Last)	FREDERICK RAYMON		ALE OF DEATH	2. DATE OF DEATH MONTH DOVEMBER		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 130-09-1534	5. SEX 6. AGE (In yrs. In	ist birthday) # I	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.5	9:30 PM M BHRTHPLACE (State or Foreign country)
Ĭ	9s. FACILITY NAME (If not institution, give s	-FE W 2 F	YRS.	THS DAYS HOURS MIN.	APRIL 9,		W. VA.
TOR	11 SLADE AVE, A			BALTIMORE			IMORE
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 XX
FUNERAL	100. STREET AND NUMBER 11 SLADE AVE, AI	PT. 802		101, ZIP CODE 21208		10g. CITIZEN	OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A. FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	RMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2XXNO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade	completed) ((ECEDENT'S USU Give kind of work	done during most of working	16b, KIND OF BUS	SINESS/INDUST	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	MERCI	, i	MEN	S CLOTI	HES
BE CO	17. FATHER'S NAME (First, Middle, Last) FISHEL KLAW			18. MOTHER'S N. LEAH K	AME (First, Middle, Malden LEIN	Surname)	
10	19a. INFORMANT'S NAME (Type/Print) MRS IRIS A. GOI		7121 1	PARK HTS AVE,	APT. 410 B	n, Stata, Zip Coo ALTO., I	MD 21215
	20a NETHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State 20b. PLACE		SPOSITION (Name of TEBREW - 11-5-		CATION — CHY STOWN,	
	21. SIGNATURE OF FUNERAL SERVICE LIK	tillman		6010 REISTERS	110.100.100	APGO.,	MD 21215
		complications that caused the d List only one ceuse on each lin	aath. Do not a	inter the mode of dying, such	ch as cardiac or respi	ratory arrest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. ISCHEMIC	CARO	10MYOPAT	HY		General Death
N	Sequentially list conditions,	CAROWARY	ANT				4mos
CATIC	If any leading to immediate	OUE TO (OR AS A CONSE OUL AS & MARY DUE TO (OR AS A CONSE		320515			1988
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE					4wks
SAL CI	PART II. Other eignificant condition			a underlying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	CANGRIC	Ly say moly // (_ ^ =	MREMIA	1 TYES 2	1000	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
HYSIC	1 WES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 26s. DATE OF INJURY			6 Other (Specify)	1 HIPV 0001101	
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO	200. DESCRIBE NOW II		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, street	, factory, offica	261. LOCATION (Street a City or Town, State)		tural Route Number,
COMPLETED		CIAN: To the best of my knowledge, d R: On the basis of examination end/or					use(s) and manner as stated
BE CO	296. SIGNATURE AND TITLE OF CENTIFIES		10	29c, LICENSE NU			SNEO (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ENISSIM MD 4000 OLD COURT PS

ompleted cause of death (itel

// SS/m M

32. REGISTRAR'S SIGNATURE

NOV 1 2 1992

JACK E

DHMH-16 Rev 1/89

BATT MD 21208

			·						-	J E / 11			ned. NO.				
		1. DECEDENT'S NAME (First	, Middle, Last)	TIME I	HENRY	KENI	DALL					MONTH	of DEATH DA		YEAR	3. TIME OF E	HTA30
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In	yrs. last bir	rthday) #	UNDER 1 YE	PIA	IF UNDER	24 HRS.	7. DATE C	F BIRTH	177		PLACE ASIDE	
	- 1	N/A		1 🔯 M 2 🗆 F	60		YRS. MON	THE DA	IY'S P	HOURS	GIN.	(Month,	Day, Year) 1 13,	1932	Wes	t Indi	igua es
3 should		9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			96.	CITY, TO	WN OR	LOCATIO	ON OF DE				NTY OF D	EATH	-
	8	G.B.M.C.						Tows	on					Ba1	timo	re	
1, 2,	5	RESIDENCE OF DEC															
Page	DIRECTOR	10s. STATE	10b. COUNT	,		1	Oc. CITY, TO					_ ****	1			10d. INSIDE (CITY
THE THE		West Indies					St.	Jonn	_			s Vil	Tage			1 YES 2	
tt.	RAL	The Essent Of States	ox 189						10f, Z	ZIP CODE	5					VHAT COUNTR	
physician. burial-transit permit. Pages 1,	FUNER	11. MARITAL STATUS	OX 103	12. WAS DECEDEN	IT EVED IN	II C ADME							(Specify Yes		_	West I	
physician. burial-tran		1 Never Married 2 🖺	Married	FORCES? 1	YES	2 NO		If ye	s, speci	Ify Cuber	n, Mexica	n, Puerto R		or No-		— American k, White, etc.	Indian,
	BY	3 Widowed 4 Divo	becom	IF TES, GIVE T	WH OH DAI	I E3		' ''	YES 2	ON LA	Specify	r:			Speci B1:	ack	
attending se as the	ED		EDENT'S EDU			16a, DECED	DENT'S USU	IAL OCCU	PATION	of undin		16b.	KIND OF BUS	SINESS/INC	DUSTRY		
al or att	LET	Elementary/Secondary (I	T .	College (1-4 or 5	+)	life. Do	NOT use ret	tired.)	y most	OF WORKE	v						
the hospital detached to once.	MP			10 yrs.		Atto	orney					I	aw				
	COMP	17. FATHER'S NAME (First, M							1				iddle, Maiden	Surname)			
od by	BE	Cecil Kenda										Towns					
be retained to ge 5 should e notified	5	Mrs. Wanda		dall		19b. M Sa	ame a	S #1	O and	f Number	or flural I	Route Numb	er, City or Town	n, State, Zip	Code)		
age 6 may be director, page er must be		20a. METHOD OF DISPOSIT 1 ☑ Burial 2 ☐ Cramatic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from State	ceme	tery, cremate	DATEOF DI	place)			11	0ATE		John:		wn, State	W.I.
death. Pag funeral di f. examiner	33	21. SIGNATURE OF FUNERA	L SERVICE UK	ENSEE/				Ruc Ruc	E AMP	OWS	s of fa	unera	1 Hom				
s after d to the removal.		23. PART I. Enter the d	1000000	Magre	1/1	^	-						son,				
24 hour filled ir fon, or the me		shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	a. Re	use on eac	atm				,			An				i Between and Death
2 5 2	NO	Sequentially list condit		s San	My	CONSEQUE	Cel	u	Can	nn	-, 1	671	ophs	vyn	LK_		
e be sician nor 1	ICATI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	ING	PA	em	mi.	noe or).					/*					
th certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certification of the certif	CERTIFICATION	that initiated events resulting in death) LAS	T .	d	(OR AS A	CONSEGUE	INCE OF:									İ	
the death y the attend of Mental Injury, o		PART ii. Other significe	ent condition	s contributing to	deeth bu	t not resu	uiting in th	ne under	lying o	cause g	iven in	Pert i.	24a. WAS AN		24b	WERE AUTOPS	
# D = =	DICAL											_	PERFOR			AMAILABLE PR COMPLETION OF DEATH?	
sign Heal	MEC											[_		1 YES 2	□ NO
has been Dept. of n 23 sho																	
V: The Licate has State De	YSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			1 6-	ZHER:	6. PLAC	CE OF D	EATH (Ch	ck only one)				
SICIAN: The certificate h the State d, or Item	YSI	1 TYES 2 NO		Inpetient 2		itlent 3 🗌			Home	5 🗆 Re	sidence	6 🗆 Other					
NG PHYSIC fter this ce sath with t marked,	PH	27. MANNER OF OEATH 1. Natural 5	Pending	28a. OATE OF (Month, L		20	8b. TIME OF INJURY		WORK		1 110	28d. DES	CRIBE HOW II	NJURY OC	CUREO		
After death	BY	2 Culaida	Investigation	28e. PLACE C	OF INJURY -	- At home.	form, street			5 2 _) NO	281 1.004	TION (Street a	and Number	or Diversi i	Pourte Mumber	
CTOR: after	ETED	4 Homicide	Could not be determined	building,	etc. (Specif	(v)		τ, ισοιοί γ,				City o	r Town, State)	ING NUMBER	or norm	todie Numbei,	
医马口=	COMPLE			CIAN: To the best of a) and menner	as staled.
TO THE FLORE TO THE FLORE THE WITHIN	TO BE	296. SIGNATURE AND TITLE	W						2	29c. LICE	NSE NUN	30		29d. DAT	E SIGNEO	(Month, Day, Y	bar)
120 11 20 20 20 20	F	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU			T) (Type, Prin	_	ary	Col	nen,	M.D.	2/2	04	7 1		
		31. DATE FILED (Month, Day, NOV 1 2 199		32. REGISTRA		TURE	V .)	, 1		,			07	,			
_			-														N 46 D 4 mo

BALTIMORE, MARYLAND 21215-0020	lours after death. Page 6 may be retained by the hospital or attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should have been been been been been been and Mental Hygiene prior to bunial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	M. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill must after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First, Middle, Last)				OAIL				-				
	1. DECEDENT S NAME (FIST, MICOR, LIST)								2. DATE OF MONTH	DEATH DAY	٧	YEAR	3. TIME OF DEATH
	EVELYN	В.	KAR	P					11/1	0/92			M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF I	BIRTH		6. BIRTI	PLACE (State or Foreign
	262-05-4435	1 🗆 M 2 🐙 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Count	
	9a. FACILITY NAME (If not institution, give s		04		9b. CITY, 1	TOWAN O	D I OCATI	ON OF DE		<u> 1908</u>		NTY OF D	hio
æ					au, on t	IOWN O	N EUGAIT	ON OF DE	-AIN		96. 000	WIT OF D	CAIN
0	Baltimore County	General H	lospital									Balt	0
ည	10a. STATE 10b. COUNTY	,		100 CITY	TOWN OR	LOCATI	ION						
DIRECTOR	Md Balt	imoro		1000 0111,	, rount on	LOUNII	1011						19d. INSIDE CITY LIMITS?
		TIDIE		<u> </u>		_							1 YES 2 NO
₹	100. STREET AND NUMBER					10f.	ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	1406 Lafayeet Ave	enue					21	207		- 1		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. W	AS DECE	ENDENT C	F HISPAN	HC ORIGIN? (S	pecify Yes	or No-		E — American Indian, k, White, etc.
	1 Never Married 2 Married	IF YES, GIVE W	YES 2 A	Ю				n, Mexica Specify	n, Puerto Rica	n, etc.)		Spec	
ВУ	3 ₩ Widowed 4 Divorced				''		-X	Spoon,					ite
COMPLETED	15. DECEDENT'S EDU	CATION		CEDENT'S L					16b. KIN	ID OF BUS	INESS/INI	11000	
ᆸ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Ma	ive kind of we Do NOT use	ork done du retired.)	ring mos	st of working	ng					4
4	11	College (1-4 of 5 +		Homem	alson					-			
2	17. FATHER'S NAME (First, Middle, Lest)			Idileii	arer		40 4407	-	ME (First, Midd	wn Ho		- · -	
	William Francis Ma	nnina									Surname)		
B		яштід							dna Sno				
0	19a. INFORMANT'S NAME (Type/Print)								Route Number, (
-	Gail Burck		114	406 L	afaye	ette	Ave	e Ba	alto, I	Md.	2120	7	
	20a. METHOD OF DISPOSITION		20b. PLACE						DATE			City or To	wn. State
	1X Burial 2 Cremation 3 Rem	oval from State	cemetery, cre	matory or oth	ner place)								
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	Loudor	i Par		AME AN	D ADDRE	SS OF FA	111/1	B/ F	Balto	, Mc	
1					22. 14	Stei	rling	g Asi	hton F	unera	al H	ome.	Tnc
	Titles &	Mollida	- Mir	110					on Ave				
	23. PART i. Enter the disesses, or o	complications that			ot enter ti	he mod	de of dv	ing, suc	h as cardiac	or respir	ratory ar	mest.	Approximate
	shock, or heart failure.	List only one caus	se on each line				Ullico			7. 1211	CHINA CO		interval Between
	iMMEDIATE CAUSE (Final disease or condition	NA	PIRAT	7 DI	A	F	1110	101	-				Onset and Death
	resulting in death)	1003	PIRITI			FF	714	4					
l i	Tooland III accounty												
			OR AS A CONSEC			/	?						
NC		DUE TO	NEUI	non	IA,	(2	2 26 P	CT					
NTION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	non	IA,	(3	2 26/2	-CT					
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	MON DIV	IA,	(=	a Sep	CT					
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO	NEUI	MON DIV	IA,	(a)		ZCT .					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	MON DIV	IA,	(4)	20 PA	PCT .					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	DO DIVIDUENCE OF	IA,	(4	2012	TCT					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition	DUE TO	OR AS A CONSEC	DO DIVIDUENCE OF	IA,	derlying	cause (given in	Part i. 244	s. WAS AN /		24b	WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	DO DIVIDUENCE OF	IA,	lertying	cause (given in		PERFOR	MED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition	DUE TO	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DO DIVIDUENCE OF	IA,	lerlying	cause (given in			MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition	DUE TO	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DO DIVIDUENCE OF	IA,	lertying	cause (given in		PERFOR	MED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT	DUE TO	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DO DIVIDUENCE OF	IA,	AC.	K.		1{	PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT EXAMINER?	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	IA,	AC 26 PL	K.			PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT EXAMINER? 1 YES 2 JAN	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DOON DUENCE OF	other:	26 PL	ACE OF D	EATH (Ch	1{	PERFORI	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 DATE 27. MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF	others	AC 26 PL	ACE OF D	EATH (Ch	1 {	PERFORM YES 2 Decily)	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT EXAMINER? 1 YES 2 JAN	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DOA 2005 TIME	others	26 PL	ACE OF D	EATH (Che	ack only one) 6 Other (Sp	PERFORM YES 2 Decily)	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT PART II Other significant condition ON CELT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 27. MANNER OF DEATH Netural 5 Pending	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF	other:	26 PL ng Home 28c. INJL WOF 1 □ Y	ACE OF D 5 Re JRY AT RK? ES 2	EATH (Che	ack only one) 6 Other (Sp. 28d, DESCRIP	PERFORM YES 2 Decity) BE HOW IN	MED?	CURED	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELT PART II Other significant condition ON CELT PART II Other significant condition ON CELT PART II Other significant condition ON CELT ON CELT PART II OTHER SIGNIFICANT 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 MAO 27. MANNER OF DEATH Natural 5 Pending Investigation	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF	other:	26 PL ng Home 28c. INJL WOF 1 □ Y	ACE OF D 5 Re JRY AT RK? ES 2	EATH (Che	ack only one) 6 Other (Sp. 28d, DESCRIP	PERFORM YES 2 Decily) BE HOW IN	MED?	CURED	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition DNCFST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 DOD 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF	OTHERS	26.PL	ACE OF D 5 Re URY AT RK?	EATH (Chi	1 { BCk only one) 6 Other (Sp 28d, DESCRII 28f, LOCATIO City or To	PERFORI	MED? (IL) NO LJURY OC	CURED r or Rural I	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition DNCTST PART II Other significant condition ONCTST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 DO 27. MANNER of DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSI	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHERS	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	EATH (Chi	1 { BCk only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or %	PERFORI	MED?	CURED r or Rural I	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No.
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition DNCFIT PART II Other significant condition ONCFIT PART II Other significant condition INCFIT PART II OTHER SIGNIFICANT CONDITION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSI	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHERS	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	EATH (Chi	1 { BCk only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or %	PERFORI	MED?	CURED r or Rural I	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No.
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition DNCTST PART II Other significant condition ONCTST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 DO 27. MANNER of DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSI	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHERS	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	EATH (Chi	ack only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or % to the cause(s)	PERFORI	LJURY OC	CURED or or Rural II	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition DNGTT PART II Other significant condition LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHERS	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	NO NO NO NO NO NO NO NO NO NO NO NO NO N	ack only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or % to the cause(s)	PERFORI	LJURY OC	cured for Aural I	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELL PART II Other significant condition ON CELL 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 MO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29c. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DOA DOA TIME STIME	OTHER: OTHER: OTHER: OF 2 OF 1 In my opi	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	NO NO NO NO NO NO NO NO NO NO NO NO NO N	ack only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or % to the cause(s)	PERFORI	LJURY OC	CURED or or Rural II	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition DNCFTT PART II Other significant condition DNCFTT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO 27. MANNED OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SCANUME AND TITLE OF CERTIFIER	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DOA LENGE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUENCE OF) BUE	OTHER: OTHER: OTHER: OTHER: I not on the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of t	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	NO NO NO NO NO NO NO NO NO NO NO NO NO N	ack only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or % to the cause(s)	PERFORI	LJURY OC	cured for Aural I	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant condition ON CELL PART II Other significant condition ON CELL 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 MO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29c. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DOA LED TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO THE TIME TO TH	OTHER: OTHER: OTHER: OF 2 OF 1 In my opi	26 PL 26 PL 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10 PC 10	ACE OF D 5	NO NO NO NO NO NO NO NO NO NO NO NO NO N	ack only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or % to the cause(s)	PERFORI	LJURY OC	cured for Aural I	AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

YEAR

1992

3. TIME OF DEATH

:03

2. DATE OF DEATH MONTH DAY

/ 10

11

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Lest)

LESTER

\approx
9
9289
40
9
×
0
\simeq
BOX
P.O.
٥.
85
S
Ö
H
Œ
0
1
RECORDS
ш
Œ
TALF
-4
4
\vdash
>
11
~
OF V
~
VISION
-
S
_
0
_
- 3

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 7-1-65 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 218-78-5733 1 X M 2 - F YRS. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Sa. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR HOPKINS HOSPITAL BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Birdknoll Ct. 21227 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working time. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert Lomax Ary Mae Fleming BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mae Flemings 2615 Carver Road./Baltimore, 9 20a. METHOD OF DISPOSITION
1 Department | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must King Memorial Park 4 ☐ Donation 6 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final traumatic event, the 2515 disease or condition resulting in death) executed within munocompromised STATE 20 to medications CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events ranspla the death certificate or other DUE TO (OR AS A CONSEQUENCE OF) disea resulting in death) LAST Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24 WAS AN AUTORISY that 23 shows any MP. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check into Eel PHYSICIAN: The OTHER: 1 YES 2 NO itlent 2 ER/Outpatient 3 DOA 4 - Nurs 5 Reside 8 - Other (Specify) 9 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO BY OR ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 69 ETED 6 Could not be Item 28 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated = 2 MEDICAL EXAM NER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) NATURE AND TITLE OF CER 29c. LICENSE NUMBER BE 9 QF DEATH (ITEM 27) (Type, Print)

132. REGISTRAR'S SIGNATURE DO

eroy Fleming Lomax

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 8. BIRTHPLACE (State or Foreign Country) MD 9c. COUNTY OF DEATH BALTIMORE 10d, INSIDE CITY tX YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Black 16b, KIND OF BUSINESS/INDUSTRY Broadway Services MD 21225 20c. LOCATION - City or Town, State Randallstown, MD Approximate et and Death LYNK 8 24b. WE'RE ALTOPSY FIND OF DEATH? 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29rl DATE SIGNED (Mont) DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)
NOV 1 2 1992

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MARYLAND A				HEALTH F DEAT		MENTA	IL HYGIEN REG. NO	-		01000
1. DECEDENT'S NAME (First,	Middle, Lest)					0.	DEAL	• •		E OF DEATH			3. TIME OF DEATH
MARGARET A	LAYLA	ND							NOV	EMBER	9.19	YEAR	3:18 P M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la	st birthday)		DER 1 YEAR	-	2000	7. DATE	E OF BIRTH			LACE (State or Foreign
170-22-2424		1 M 2 🔀 F	64	YRS.	MONTH	B DAYS	HOURS	MIN.		-7-192	8	**	nsylvania
9a. FACILITY NAME (If not ins	titution, give str	set and number)			9b. C	ITY, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
THE JOHNS H	OPKINS	HOSPITA	I.		B/	ALTI	MORE C	CITY			BAL	TIMOR	E
10a, STATE	10b. COUNTY			10c. CIT	Y, TOW	N OR LOC	ATION						10d, INSIDE CITY
Pennsylvania		Berks						Bird	sho	ro			LIMITS?
104. STREET AND NUMBER						1	IOI. ZIP CODE				10g. CIT		IAT COUNTRY?
10	09 Nor	th Spruc	e Stree	t				195	808			U. S	S. A.
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI		1	13. WAS DI	ECENDENT Of	F HISPAN	IIC ORIGI	IN? (Specify Ye	s or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2.XXII 3 Wildowed 4 Divon		IF YES, GIVE V					ES 2 XNO			riicari, etc.)		Specify	
15. DECE	DENT'S EDUC	ATION	146a DI	ECEDENT'S	TISHAL	OCCUPAT	DON		146	b. KIND OF BU	PINESC //NC	HICTON	WILLCE
	highest grade c	ompleted)	(C	Give kind of a	work do	ne durina r	nost of working	g	10	a, KIND OF BU	SINE SS/INL	JUSTRY	
12	/	College (1-4 or 5	+)	minis						Person	al Ca	re Ho	ome
17. FATHER'S NAME (First, Mic				arrang A A offe by	_ Jac		16. MOTH	ER'S NA		Middle, Meider			
		Charles	Henry					Ma	arga	ret R	hoade	es	
19a. INFORMANT'S NAME (Ty)	pe/Print)									nber, City or Tox			
Charles A			1	09 No	orth	n Spi	cuce S	tree	et :	Birdsb	oro, F	ennsy	/lvania 1950
20a. METHOD OF DISPOSITION 1 Disposition 2 A Cremation	ON 1 3 🗆 Ramos	val from State	20b. PLACE cemetery, cr				Name of			TE 20c. L0	OCATION —	City or Tow	n, Stats
4 Donation 5 Other (Metro	o Cre	mat	ory			11/	11 Cat	onsv	ille,	Maryland
21. SIGNATURE OF FUNERAL	1 A	A	11		2	22. NAME	AND ADDRES	S OF FA					Service
muhal	1 1.	Mellell	Ello										ryland 2115
23. PART i. Enter the dis	seases, or co	omplications the	t caused the d	eath. Do i	not ent	ter the m	node of dyle	ng, sucl	h as car	rdiac or resp	iratory an	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Fine						/	4						Onset and Death
disease or condition	+ .		eloid	(←	241	Lem	119						3 months
		DUE TO	(OR AS A CONSE	QUENCE (I	7		2		٨				0 11
Sequentially list condition	ons, b.	1'U	OR AS A COMME			74(_ &	yno	SVVC	me			O MONATS
if any, leading to immed cause. Enter UNDERLYIN		502 10	Iou va v course	out not or	-10								
CAUSE (Disease or Injur		DUE TO	(DR AS A CONSE	QUENCE O	F):	_							
resulting in death) LAST													
PART II Other significan	t conditions	contribution to	alouth hut mat		tion also	LOW LAN						Live	
PART ii. Other significan	Conditions	contributing to	death but not	resulting	in the	underiyi	ing cause g	iven in	Part 1.	24a. WAS AF	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
									_	1 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
													T YES 2 1 NO
25. WAS CASE REFERRED TO	MEDICAL			_	_	26	PLACE OF DE	EATH (Ch	ack only o	nna!			
EXAMINER?		HOSPITAL:	FR/Outnotion	a □ noa	ОТН	ER:				-			
27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	1	NJURY AT	siderice		SCRIBE HOW	INJURY OC	CUREO	
1 Natural 5 P	ending restigation	(Month, E	ley, Year)	IN.	JURY		VORK? YES 2	NO					
a Contact	Could not be	28s. PLACE C	F INJURY — At h	ome, farm,	street, f	actory, of	lics			CATION (Street		or Rural Ro	ute Number,
	etermined	bullding,	etc. (Specify)					_	City	y or Town, State)		
29s. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowledge, d	eath occurr	ed at th	e time, de	te and place.	and due	to the ca	use(s) and ms	oner as sta	ted	
													and manner as stated.
296. SIGNATURE AND TITLE							29c. LICE						Month, Day, Year)
KTIPEK	-1	Felle	ow Co	ncol	09	4	MD	0:	396:	79	•	11/9/9	72
30. NAME AND ADDRESS OF DR. LEVIN	PERSON WHO	COMPLETEO CAU	SE OF DEATH (ITE			Kins	Onc	واه	×4 (Center	- Ba	altim	ore MD
NOV 1 2 199	2 fu	32 REGISTRA	AR'S SIGNATURE		+				1		1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE (OF DEATH		REG. NO			
- 8	1. DECEDENT'S NAME (First, Middle, Last)	ITAN O T	DIII 0				2. DATE OF MONTH	D.	AY	YEAR	3. TIME OF DEATH
		LIAM C. L	ODMICK				11	0	8	92	2:30AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER t YE		(4.4 -4			8. BIRTI	IPLACE (State or Foreign
	276-22-2343	1 万 M 2 □ F	65	YRS.	MONTHS DA	YS HOURS MR	DEC.	26	1926	Count	
	Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION O		20,		INTY OF D	
e e	ST. AGNES H	HOSPITAL			BAT	TIMORE					
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
	MARYLAND				BALTIN	IORE					1 T YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
Ä	2535 ASHTON STI	REET				21223				U.S	. Δ
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S	. ARMED		DECENDENT OF HIS			or No-		— American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 17	AR OR DATES			yes 2 A. NO Sp		an, etc.)		Spec	thy:
			WW II								WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a	. DECEDENT'S (Give kind of v	vork done durin	PATION g most of working	16b. K	IND OF BU	SINESS/IN	DUSTRY	
"	Elementary/Secondary (0-12)	College (1-4 or 5+		THE DO NOT US							
₹	8TH GRADE			DISPA	ICHEK		TR	UCKI	4G CC	MPAN	Y
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Mic	kle, Meiden	Sumame)		
BE	CARROLL LODW	/ICK				ED	NA PHIL	LIPS			
2	19a, INFORMANT'S NAME (Type/Print)			19b. MAILINO	ADDRESS (St	eet end Number or Ru	ral Route Number	City or Tow	n, State, Zij	p Code)	
6	EDNA I. BRYANT			2535	ASHTON	STREET .	- BALTI	MORE.	MD.	2	1223
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem	oca, w Liber		CE AND DATE O	F DISPOSITIO		DATE		CATION —		
	4 Donation 6 Other (Specify)	loval from State	GLE	N HAVE	her placa) V MEMO	RIAL PAR	7 11/1	d 1	אותד	MODE	
	21. SIGNATURIPOF FUNERAL SERVICE LI	CENSEE	0		22. NAM	E AND ADDRESS OF	FACILITY			MURE	
	> (Spinton)	H.M.	1/2			ARD FUNE					
_	Morgan	-1 12 1 In	1000		4107	WILKENS	AVENUE	-BALT	IMOR	E, M	D 21229
	23. PART I. Enter the diseases, or shock, or heart fallure.	Complications that	caused the	i daath. Do n	ot antar the	moda of dylng,	such as cardia	c or resp	iratory ar	reat,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final	and only one out.	ou ou ducii	····a.							Onset and Death
- 1	disease or condition resulting in death)	a. LEF	T	CVI	4						
	Tooling in county	DUE TO	OR AS A CON	SEQUENCE OF	7:						
z	100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C	· HYPERTE	SIVE	ATHER	OSCIEL	OTIC CAL	20101/AS	CULAR	0	KEA	<
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF	7:	0				10011	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									ļ
E	that Initiated events	DUE TO (OR AS A CON	SEQUENCE OF	7):						
E	resulting in death) LAST	d									
	PART ii. Other significant condition	as contribution to	double but a		- 45		I				
EDICAL	PART II. Othar significant condition	is contributing to	seath out n	ot resulting i	n tha under	lying cause given	In Part i. 2	4a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă							1	☐ YES 2	TNO		COMPLETION OF CAUSE OF DEATH?
ME											1 TES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE OF DEATH	(Check only one)				
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatien	1 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residen	ce 6 🗆 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF 280	INJURY AT	28d. DESC		NJURY OC	CURED	
7	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, 10ar)	INJ		WORK?					
ВУ	9 Suioldo	28s. PLACE OF	INJURY — A	t home, ferm, s	treet, factory,	office	281, LOCAT	ON (Street i	and Numbe	r or Rumi F	Route Number.
	6 Could not be	building,	Nc. (Specify)					Town, State)			,
邑	4 Homicide determined										
LETEC	4 Homicide determined	V 337 ITSA			d at the time	date end place, end			nner ee ste	ted.	
MPLETEC	4 Homicide determined 29a. CERTIFIER (Check only	ICIAN: To the best of									
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only						the time, date ar	nd place, en) and manner as stated.
SE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only	ER: On the beele of ex						nd place, en	d due to ti	he cause(e	(Month, Day, Year)
8	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R	RES (PEN	n, In my opinio	on, death occured at		nd place, en	d due to ti	he cause(e	
ш	4 Homicide determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	R	RES (PEN	n, In my opinio	on, death occured at		nd place, en	d due to ti	he cause(e	
8	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R	RES (PEN	n, In my opinio	on, death occured at		nd place, en	d due to ti	he cause(e	
H	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the besie of ex	RES ((ITEM 27) (Type,	n, In my opinio	on, death occured at		nd place, en	d due to ti	he cause(e	



3. TIME OF DEATH 405 PM

10d. INSIDE CITY LIMITS? 1 X YES 2 NO

Approximate interval Between **Onset and Death**

		210 22 0172	5. SEX 6. AGE		UNDER I YEA		7. DATE OF BIRTH	1-92	BIRTHPLACE (State or Fore
should	~	9a. FACILITY NAME (If not institution, give stree CHERRYWOOD MANOR N	and number)	YRS.	CITY TOW	N OR LOCATION OF DEA	6/20/190 TH		· · · · · · · · · · · · · · · · · · ·
permit. Pages 1, 2, 3 should	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, Ti	OWN OR LO	CATION			10d. INSIDE CITY
permit. Pa		MARYLAND 100. STREET AND NUMBER 7030 SURREY DR.		BALT.	IMORE			S. BIRTHPLACE (State or Fore MARYALND S. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 14. RACE - American Indien, Black, White, etc. Specify: WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTRY? WHITE 10g. CITIZEN OF WHAT COUNTR	
215-0020 attending physician. se as the burial-transit	BY FUNERAL		2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	DECENDENT OF NISPANIC, specify Cuben, Mexican,	C ORIGIN? (Specify Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.
21 10 m	ETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re MERCHANT	ork done during most of working e retired.)		16b. KIND OF E		
# & & Z	BE COMPL	17. FATHER'S NAME (First, Middle, Last) JOSEPH DORSEY	18. MOTHER'S NAME (First, Middle, Meiden Surname) NETTTE (UNKNOWN)						
	5	190. INFORMANT'S NAME (Type/Print) MRS - COLLEEN MEDWAY							
BALTIMORE, hours after death. Page 6 may be not not the tuneral director, page or removal. medical examiner must be		Rea. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State cen	b. PLACE AND DATE OF D metery, crematory or other MOSES MON	refice)	RE WOODMOO	R HEBREW	11/8/9	or Town, State 2 BALTO.MD
		21. SIGNATURE OF FUNERAL SERVICE LICEN	tellus.		SOL 6010	LEVINSON & REISTERTO	BROS.,	BALTO.,	
760, ed within 24 completely fille al, cremation, event, the	NC	23. PART i Enter the diseases, or conshock, or heart failure. Lie immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	BRA DUE TO (OR AS A	A CONSEQUENCE OF):	enter the			piratory arrest	interval Bet
P.O. BOX th certificate be ending physician a Hygiene prior to or other traum	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
requires that the deal open signed by the att	MEDICAL	PART II. Other algorificant conditions	contributing to death to		OWN OR LOCATION IMORE 101. ZIP CODE 21215 11. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. YES NO Specify: 11. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. MOTHER'S NAME (First, Middle, Maidon Surname) NETITE 13. MOTHER'S NAME (First, Middle, Maidon Surname) NETITE 14. MOTHER'S NAME (First, Middle, Maidon Surname) NETITE 15. MOTHER'S NAME (First, Middle, Maidon Surname) NETITE 16. KIND OF BUSINESS/INDUSTRY SHOES 16. KIND OF BUSINESS/INDUSTRY SHOES 17. APT 201 BALTO , MD 2 18. MOTHER'S NAME (First, Middle, Maidon Surname) NETITE 18. MOTHER'S NAME (First, Middle, Maidon Surname) NETITE 19. DECEMBENT (UNKNOWN) 10. DECEMBENT (UNKNOWN) 10. DECEMBENT (UNKNOWN) 12. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS , INC. 6010 REISTERTOWN RD BALTO , MD 10. PROTECTION (No. 1) 10. YES 2 NO. OF E 11. YES 2 NO. OF E 11. YES 2 NO. OF E 11. YES 2 NO. OF E 12. NAUTHY AT 12. DECEMBENT (Check only one) 12. LOCATION (Street and Number or Rural Route City or Town, State) 12. LOCATION (Street and Number or Rural Route City or Town, State) 14. RACE — A Back, WAS AN AUTOPSY PERFORMED? 15. MOTHER'S NAME (First, Middle, Maidon Surname) 16. KIND OF BUSINESS/INDUSTRY 10. VEN 2 NAME AND ADDRESS (First, Middle, Maidon Surname) 14. RACE — A Back, WAS AN AUTOPSY PERFORMED? 15. MOTHER'S NAME (First, Middle, Maidon Surname) 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 10. VEN SURNAME (First, Middle, Maidon Number or Rural Poure City or Town, State) 10. VEN SURNAME (FIRST, Middle, Maidon Number Or Rural Route City or Town, State) 10. VEN SURNAME (FIRS	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?			
CC 2 2 0 5	SICIAN: N	PESPIRA 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		FAL	<u> </u>	PLACE OF OEATH (Chec	k only one)		T FES 2 NO
F Sertiff	PHYSIC		HOSPITAL: Inpatient 2 ER/Outp 28a. OATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	Nursing I	INJURY AT		V INJURY OCCUR	ED
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this hours after death with 116m 28 is marked	red BY	Accident Investigation Accident Investigation	28e. PLACE OF INJURY building, etc. (Spec	Y — Al home, farm, stree			281. LOCATION (Stree City or Town, Sta	et and Number or	Rural Route Number,
DI TAL OR VAL DIRI 72 hour If item	COMPLET								suse(a) and manner as stat
ELECTAL TAIL MADORITANT: IF	BE	296. SIGNATURE AND TITLE OF CHITTEEN	1 B.	Ele-	-,-	1			
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, Prin	TL	5 026	c 2	1219	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

TOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO 1 | YES 2 | NO URY OCCURED Number or Rural Route Number, r as stated. lue to the cause(a) and manner as stated. ed. DATE SIGNEO (North, Day, Har) 11 215 HOWARD B. COBEN

_	- 1
	. 1
	ď
	DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF
•	
-	
<u> </u>	3
Ξ	- 3
~	-
-	- 3
20	- 3
Q	- 7
	- 1
×	
7	- 4
_	
n	-1
	.5
	3
Э.	- 1
٠.	i
1 .	4
_	- 1
-	4
"	
7	- 2
	٠
I	-1
7	- 1
_	
•	- 5
	-
ш	- i
r	- 1
	:
_1	1
~	- 7
-	À
_	F
_	÷
>	- 4
	ē
_	á
7	- 5
_	3
	-
HON OF VILAL RECORDS, P.O. BOX 68760,	.9
)	3
=	-5
0	ı
-	ŧ
	4
=	
-	- 5
DIVIS	9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR After this take been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) FLORENCE		- /			2. DATE OF DEATH MONTH	7- 9	ar 2 13 TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215–48–5260	1 🗆 M 2 💢 F 84	□ M 2 F 84 YRS. MONTHS			7. DATE OF BIRTH (Month, Day, Year) 9/10/190	08 M	BIRTHPLACE (State or Barich) Country) ARYLAND			
TOR	9a. FACILITY NAME (If not institution, give str 906 SO. GRUNDY ST RESIDENCE OF DECEMENT	. ,		BALTIMO	RE LOCATION OF DE	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	10e. STATE 10e. COUNTY MARYLAND BALTII		TOWN OR LOCAT	ION	·	10d. INSIDE LIMITS 1 YES					
FUNERAL	104. STREET AND NUMBER 8512 TOPPING RD. 101. ZIP CODE 21208 USA										
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	If yes, spe	ENDENT OF HISPAF portly Cuben, Mexica NO Specifi	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	es or No- 14	RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	16a. DECEDENT'S US (Give kind of wor iffe. Do NOT use i HOUSEWIE	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to Do NOT use nettred.) DUSEWIFE			166. KIND OF BUSINESS/INDUSTRY AT HOME					
BE CON											
TO B	wn, State, Zip Co 21208	ode)									
	20e, METHOD OF DISPOSITION A Burial 2 Cremation 3 Ramor 4 Donation 5 Other (Specify)	vel from State cem	PLACE AND DATE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF DETERMINE OF	TIFERE	TH ISRAE	L 11/L0/9		y or Town, State SEDALE, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	A De	M	SOL LI	REISTERT	& BROS., I	BALTO.,				
	23. NART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUESTLY bound for the conditions, if any, leading to immediate cause. Enter UNDERLYING C. DUESTLY bound for the conditions, if any, leading to immediate cause. Enter UNDERLYING C. DUESTLY bound for the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
: MEDICAL	PERFORMED? 1 YES 2 NO COM							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN				OTHER:	ACE OF DEATH (Ch						
	27. MANNER OF DEATH 1 Natural 5 Pending	28b. TIME (INJUR	OF 28c. INJI	URY AT	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
red BY	Accident Investigation M 1 YES 2 NO										
COMPLET		IAN: To the best of my know						cause(a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	yone	L		29c. LICENSE NUI		IGNED (Month, Day, Year)				
5	1) 5 lade Ave Pitresville MA 2/208										
	31. DATE FILED (Month, Day, Year) NOV 1 2 1992	732, REGISTRAR'S SIGN	Tandale.	1							

BALTIMORE, MARYLAND 2121	:
7	
-	
4	
8	-
1	
≥	4
5	
7	
-	
Ш	
E	1
9	
\geq	-
H.	4
4	-
B	
	4
	-
	ľ
	d
,	
68760,	-
37	4
3	-

5-0020

DIVISION OF VITAL RECORDS, P.O. BOX

an.	transit		
1 physic	burial-		
tending	as the		
al or at	for use		
hospii	stached		950
by the	d be de		In the
etained	shoule		otified
ay be	page 5		t be n
m 9 eg	firector,		r mus
ath. Pa	uneral d		amine
after de	y the fi	noval.	cal ex
hours	ed in b	or rer	medi
thin 24	stely fill	mation	if. the
Ited wi	comple	rial, cre	C ever
e exect	an and	r to bu	umati
ficate b	physici	ne prio	her tra
th certi	ending	Il Hygie	or of
the dea	the att	Menta	niury.
s that	ned by	alth and	any
require	een sig	of Hea	Shows
he law	e has b	le Dept.	m 23
CIAN: 1	ertificati	the Stat	or ite
PHYS	this c	with 1	rked.
NDING	R: After	er death	is ma
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E THE RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	ours after	The medical examiner must be notified at once.
PITAL C	ERAL D	n 72 hc	THE
E H08	E FUNE	d/Anthi	PITAN

31. DATE FILED (Month, Day, Year)
NOV 1 2 1992

	FOR											92	31590
	1 - STATE REGISTRAR	STATE OF N	/MARYLAND /	DEPAR ERTIF						HYGIENE REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	MOLLIE L	UNTZ						2. DATE OF DEATH NOV. 8, 1992 YEAR 4:05 PM				3. TIME OF DEATH 4:05 PM M
	4. SOCIAL SECURITY NUMBER 213-34-1266	S. SEX 6. AGE (In yrs. last birthday) 1 M 2 XX 87 YRS.			IF UNDER	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			7. DATE OF BIRTH 8. BIRT (Month, Day, Year) Cou			Country)	
	9a. FACILITY NAME (If not institution, give st				9b. CITY	ITY, TOWN OR LOCATION OF DEATH							
POT	LEVINDALE		BALTIMORE										
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCATION BALTIMORE										IOd. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT CO												
FUNERAL	3923 FORDLEIGH		RD, APT. C 21215				.5	USA					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 WO If yes, specify				ecity Cube	city Cuben, Mexican, Puerto Rican, etc.) Bi				14. RACE - Black, Specify	- American Indian, White, stc. WHITE	
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed)							DUSTRY				
COMPL	12			SALE	ESLAI	ΣY					AIL		
	17. FATHER'S NAME (First, Middle, Last) MOSHE: HOFFMAN								ME (First, Mick		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F		City or Town			
2	196. INFORMANT'S NAME (Type/Print) MRS MARCIA LEBER 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4112 COLONIAL RD. BALTIMORE, MND 21208												
	20. METHOD OF DISPOSITION 14. Paurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE CONTROL (Name of Carpeting Amendal Planting Control (Specify) 20b. PLACE AND DATE Control City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.												
	bel	20	eur	0	60	110 F	RETST	ERST	YOWN R	D. BA	OT.TA	.MD	21215
	23. PART1. Enter the diseases, or of shock, or heart fellure. IMMEDIATE ONISE (Fine) disease or condition resulting in death)	complications the List only one cau	t caused the de se on each line	eath. Do i	UCA.	the mo	de of dyl	ing, suct	rolly wonic	or respir	ratory ar	reat,	Approximata Interval Between Onset and Death
NO	Sequentially list conditions,	ON CONCESSIVE HEART Fullure chaptic											
CATIC	if any, leeding to immediate cause. Enter UNDERLYING	. As	OR AS A CONSE										
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMULBLE PRIOR TO COMPLETION OF CAUSE OF RATING.									WAILABLE PRIOR TO COMPLETION OF CAUSE			
	the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of									OF DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	26. PLACE OF DEATH (Check only one)											
YSI	1 TYES 2 THO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Resid						sidence	nce 6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(MORTIN, Day, Year) INJURY WORK?					IBE HOW IN	DW INJURY OCCURED					
ED	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE O building,	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICONO) 2 MEDICAL EXAMINE												and manner on stated
8	296. SHIRATURE AND TITLE OF CERTIFIES				, my			ENSE NUM					Marth One Year)

COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

M. D. SOY JAL Height

32. APOISTRAR'S SIGNATURE.

~	
×	
0	
m	
-	
റ്	-
٧.	
P.O. BOX	
IVISION OF VITAL RECORDS,	
œ	
\approx	
O	
ш	
α	
_	
4	
	i
=	
>	-
	i
ш.	i
0	1
_	1
Z	1
0	
\equiv	1
S	1
=	
_	

	pinous		
	2,3		
	, s		
	Page		
	mit.		
	per		
s.	ansi		
Sicia	ial-tr		
£	P P		
Jojin	s th		
atte	ISB a		
al Or	10		
Spit	ped		
Se h	Jetac		-
5	8		900
Ded	pino		Red
reta	55 55		Sec.
2	age		Ì
E S	lor, p		Sand.
306	direc		-
-	eral		Male
deat	5	_:	9000
the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	y th	mova	100
Surs	-	or rei	the own
24 P	filled	00	-
UIU	etely	mati	4 4
N D	mpi	Cre	-
Scute	90 P	Surial	Alfa
-	an ar	2	-
ile D	ysici	pho	-
TIMES	D D	ene	Shan
Cei	ndin	Š	0 00
deat	atte	enta	740
the	y the	∑ D	ini
Hai	P .	th ar	Same.
uires	sign	Hea	9446
9	реел	0	ahe
e gy	has	Ded	93
=	cate	State	Manage
CA	ertifi	the	
H	his c	With	Land
NG P	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	eath	1
CND	R. A	er de	1
A	500	s aft	. 50
O.	DIA	hour	la and

1. DECEDENT'S NAME (First, Middle, La	ist)				DEATH		REG. NO			3. TIME OF DEATH
GERALD		McCLAIR	RN			MONT		9 -	92	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		FUNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
173-22-5011	XXM 2 □ F	(Month Omy Year)						P.A.		
9a. FACILITY NAME (If not institution, ga	ve street end number)		98	b. CITY, TOWN	OR LOCATION OF I	_			UNTY OF C	
3507 KENTUCK RESIDENCE OF DECEDENT 10a. STATE 10b. COL	Y AVENUE			BALT	IMORE					
RESIDENCE OF DECEDENT			10c CITY T	OWN OR LOCA						10d, INSIDE CITY
MD				N						LIMITS?
			I BAI	LTIMOE	f. ZIP CODE			10g. CI	TIZEN OF	1 YES 2 □ NO
10e. STREET AND NUMBER 3507 KENTUCK 11. MARITAL STATUS 1. Namer Married 2V V Married	V AVENUE				21213	•		1.00		
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR		13. WAS DEC	CENDENT OF HISPA	ANIC ORIGI	N? (Specify Yes	or No-	U.S 14. BAC	e A e E — American Indian, k, White, etc.
1 Never Married 2XXMerried 3 Wildowed 4 Divorced		IX YES 2 □I MAR OR DATES	NO	If yes, sp	ecify Cuban, Mexic 2 17 NO Spec	an, Puerto //y:	Rican, etc.)		Spec	
										BLACK
15. DECEDENT'S (Specify only highest g	rade completed)	(G	ECEDENT'S USA live kind of work b. Do NOT use re	UAL OCCUPATION done during mo	ON ost of working		E A CITIET			II ECC
Elementary/Secondary (0-12) 11th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	+)	. 50 1101 000 10	ourou.)		1 1	EASTER STEEI		TAII	NLESS
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First				
	IRN				MARGA		madio, madon	ourne, no,		
19a INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	ODRESS (Street a	and Number or Rura	_	aber, City or Tow	n, State, Z	(p Code)	
JEAN McCLAIR	N				CKY AVE	. /BA	т.ттмс	DRE.	MD	21213
20a. METHOD OF DISPOSITION 1 X Burlal 2 □ Cremetion 3 □ F		20b. PLACE	AND DATE OF D	DISPOSITION (Na	ame of	2.06	75/ 7 -20c. LO	CATION -	- City or To	own, State
4 Donation 5 Other (Specify)	lemoval from Stata	— GARR	ISON	FORES	T VA.	J EVM	143	MIN	GS I	MILLS, MI
21. SIGNATURE OF FUNEBAL-SERVICE	1 LOCALORE			TOTTE	T ALTO	O LIPI .		NA T TA	00 1	111 / 61111
	LICEMBEE	11	1		ND ADDRESS OF F			711 11	GD I	ATPPS' WI
Alme	the	K-4	nes	22. NAME A	ND ADDRESS OF F	ACILITY				RTH AVE.
23. PART I. Enter the discesses,	or complications th	St caused the de	neeth. Do not	WM . C	ND ADDRESS OF F	F.H	./110	1 E	. NO	
23. PART I. Enter the diseases, shock, or heart fellu	or complications th	at caused the deuse on each line	neeth. Do not	WM . C	ND ADDRESS OF F	F.H	./110	1 E	. NO	RTH AVE.
immediate cause (Final disease or condition	or complications the	use on each line	neeth. Do not	WM . C	MARCH	F.H	./110	1 E	. NO	RTH AVE.
shock, or heart fellu IMMEDIATE CAUSE (Final	or complications the re. Liet only one ca	at caused the deuse on each line	neo eeth. Do not b.	WM . C	MARCH	F.H	./110	1 E	. NO	RTH AVE.
immediate Cause (Final disease or condition resulting in death)	or complications the re. Liet only one ca	4506147C	peth. Do not b.	WM . C	MARCH	F.H	./110	1 E	. NO	RTH AVE.
IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the re. Liet only one ca	450614ic	peth. Do not b.	WM . C	MARCH	F.H	./110	1 E	. NO	RTH AVE.
immediate Cause (Final disease or condition resulting in death)	a. DUE TO	490474C	QUENCE OF):	WM . C	MARCH	F.H	./110	1 E	. NO	RTH AVE.
immediate Cause (Final disease or condition resulting in death)	a. DUE TO	4506147C	QUENCE OF):	WM . C	MARCH	F.H	./110	1 E	. NO	RTH AVE.
shock, or heart fellul immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO d. DUE TO	O (OR AS A CONSEC	QUENCE OF):	22. NAME AI WM - C enter the mo	ND ADDRESS OF F	F.H	./110	1 E	. NO	RTH AVE.
shock, or heef fellul immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	a. DUE TO d. DUE TO	O (OR AS A CONSEC	QUENCE OF):	22. NAME AI WM - C enter the mo	ND ADDRESS OF F	F.H	./110	1 E	NO	RTH AVE.
shock, or hear fellul immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO d. DUE TO	O (OR AS A CONSEC	QUENCE OF):	22. NAME AI WM - C enter the mo	ND ADDRESS OF F	F.H	./110 diac or reap	1 E iretory a	NO	Approximate interval Betwee Onset and De Sunfil
shock, or heef fellul immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	a. DUE TO d. DUE TO	O (OR AS A CONSEC	QUENCE OF):	22. NAME AI WM - C enter the mo	ND ADDRESS OF F	F.H	./110 diac or reap	1 E iretory a	NO	Approximate interval Betwee Onset and De Sunfil
shock, or heef fellul immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions.	a. DUE TO d. DUE TO d. Contributing to	O (OR AS A CONSEC	QUENCE OF):	22. NAME AI WM . C enter the mo	MARCH ode of dying, su	F . H	./110 diac or reap 24a. WAS AN PERFOR 1 □ YES 2	1 E iretory a	NO	Approximate interval Betwee Onset and De Sunfil Mail Approximate on the Constitution of Cause of Death?
shock, or heef fellul immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions.	or complications there. Liet only one can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be determined by the can be d	O (OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	OUENCE OF):	22. NAME AI WM . C enter the mo	MARCH ode of dying, su Agray g ceuse given in	F . H ch as car	./110 diac or reap 24a. WRS AN PERFOI 1 □ YES 2	1 E iretory a	NO	Approximate interval Betwee Onset and De Sunfil Mail Approximate on the Constitution of Cause of Death?
shock, or heef fellul immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions.	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d. LIOSPITAL: 1 Inpatient 2	O (OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF):	22. NAME AI WM . C enter the mo	MARCH ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su	F . H ch as car	./110 diac or reap 24a. WRS AN PERFOI 1 □ YES 2	AUTOPSY	NO	Approximate interval Betwee Onset and De Sunfil Mail Approximate on the Constitution of Cause of Death?
shock, or heef fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d. Liona contributing to HOSPITAL: 1 Inpatient 2 28s. OATE O (Month, in)	O (OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE OF):	22. NAME AI WM - C enter the mo the underlyin 26. Pi THER: Nursing Hon FY 28c. INC	MARCH MARCH ode of dying, su March consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of the consideratio	F . H ch as car	./110 diac or reap 24a. WRS AN PERFOI 1 □ YES 2	AUTOPSY	NO	Approximate interval Betwee Onset and De Sunfil Mail Approximate on the Constitution of Cause of Death?
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death and conditions in death an	or complications there. Liet only one can be as a DUE TO be to DUE TO d. L HOSPITAL: 1 Inpatient 2 28a. OATE O (Month, in on 28e. PLACE	D (OR AS A CONSECTION OF INJURY — At hold	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	22. NAME AI WM - C enter the mo the underlyin 26. Pi Nursing Hon F M 1 1	MARCH MARCH ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su ode of dying, su March ode of dying, su March ode of dying,	F . H ch as car n Part I.	./110 diac or reap 24a. WRS AN PERFOI 1 □ YES 2	AUTOPSY MED?	NO rrest,	Approximate interval Betwee Onset and De Sunfil Approximate interval Betwee Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfi
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent conditions in desth LAST 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	22. NAME AI WM - C enter the mo the underlyin 26. Pi Nursing Hon F M 1 1	MARCH MARCH ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su March ode of dying, su ode of dying, su March ode of dying, su March ode of dying,	F . H ch as car n Part I.	./110 24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	NO rrest,	Approximate interval Betwee Onset and De Sunfil Approximate interval Betwee Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfi
shock, or heef fellul IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are caused in the conditions and cause in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause o	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d HOSPITAL: 1 Inpatient 2 28a. OATE O (Month, incomplete of the building of the building of the call.)	D (OR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	QUENCE OF): OUENCE OF): OUENCE OF): Tesulting in t 28b. TIME O	22. NAME AI WM - C enter the mo the underlyin 26. Pl THER: Nursing Horn WY M 1 26. IN. THER: 1 26. IN. THER: 1 26. IN. THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER: 1 THER:	IND ADDRESS OF F. MARCH Dide of dying, su MARCH LACE OF DEATH (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C) The sidence of death (C)	F . H ch as car n Part I. check only o	. /110 diac or reap 24a. WAS AN PERFOR 1 □ YES : OF (Specify) SCRIBE HOW OF TOWN, State)	AUTOPSY MED?	244	Approximate interval Betwee Onset and De Sunfil Approximate interval Betwee Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfil Approximate Onset and De Sunfi
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d	DO (OR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	22. NAME AI WM - C enter the mo the underlyin 26. Pi THER: Nursing Hom NF 28c. IN. WM 1 et, factory, office at the time, dete	MARCH MARCH March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March Ma	F . H ch as car n Part I. check only o s o the Cal	24a. WAS AN PERFOI 1 YES :	AUTOPSY MED?	24t	Approximate interval Betwee Onset and De Surfill Service Onset and De Surfill Service Onset and De Surfill Service Onset and De Surfill Service Onset and De Surfill Service Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset O
shock, or heer fellul IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigati 3 Suicide 6 Could not determine 29s. CERTIFIER (Check only 000) 2 MEDICAL EXAM	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d. LINGSPITAL: 1 Inpatient 2 28a. OATE O (Month, ion) 28a. PLACE building desired to building desired to building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desire	DO (OR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	22. NAME AI WM - C enter the mo the underlyin 26. Pi THER: Nursing Hom NF 28c. IN. WM 1 et, factory, office at the time, dete	MARCH MARCH March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March Ma	F . H ch as car n Part I. check only o 28t. LOC Chy te to the car e time, det	. /110 diac or reap 24a. WAS AN PERFOR 1 YES : or (Specify) SCRIBE HOW (CATION (Street or Town, State)	AUTOPSYMED?	244 CCURED or or Rural sted.	Approximate interval Between Onset and De Surffine Onset and De Surffine Onset and De Surffine Onset and De Surffine Onset and De Surffine Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset
shock, or heef fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigate 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only	or complications there. Liet only one call. a. DUE TO b. DUE TO c. DUE TO d. LINGSPITAL: 1 Inpatient 2 28a. OATE O (Month, ion) 28a. PLACE building desired to building desired to building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desired to the building desire	DO (OR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	22. NAME AI WM - C enter the mo the underlyin 26. Pi THER: Nursing Hom NF 28c. IN. WM 1 et, factory, office at the time, dete	MARCH MARCH March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March March Ma	F . H ch as car n Part I. check only o 28t. LOC Chy te to the car e time, det	. /110 diac or reap 24a. WAS AN PERFOR 1 YES : or (Specify) SCRIBE HOW (CATION (Street or Town, State)	AUTOPSYMMED? I NO NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	244 CCURED or or Rural sted.	Approximate interval Between Onset and De Sunff Onset and De Sunff Onset and De Sunf Onset and De Sunf Onset and De Sunf Onset and De Sunf Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

600 190 Lowe 5810 Belgin

21206

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)
NOV 1 2 1992

use as the burlal-transit permit. Pages 1, 2, 3 should

IIO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal. cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	92-6413-510					9	2 3 5 9 2
	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
	1. DECEDENT'S NAME (First, Middle, Last)		EITHITIOAT	L OF BLATH	2. DATE OF	EG. NO.	3. TIME OF DEATH
	William	7\ M	arketti	So.	MONTH 1.1 ~	DAY YE	PA
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In		IT I YEAR IF UNDER 24 HRS.	7. DATE OF I	иятн п	BIRTHPLACE (State or Foreign
3	216-42-7/15	10M20F 49	YRS. MONTHS	DAYS HOURS MIN.	2-2	7-1943	Country)
œ	9a. FACILITY NAME (If not institution, give st	'eet and number)	9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Francis Scott I	<u>Key Medical C</u>	ntr, B	Baltimore			
REC	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSUE CITY
	110		+	SAITC.			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	Oldham.	Stree	# 101. ZIP CODE	224	10g. CITIZEN	OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AI	RMED 13	. WAS DECENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No- 14.	RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	NO	If yes, specify Cuben, Mexico		n, etc.)	Black, White, etc. Specify:
	15. DECEDENT'S EDUC	ATION 160 DI	ECEDENT'S USUAL (OCCUPATION	Tank Min	ID OF BUSINESS/INDUS	Wille
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) / (C	Give kind of work done Do NOT use retired.)	during most of working	100. Kin	*	
COMPLETED	1241-		Long:	Shorem Ar	V	DaNDA	LK MARINE
00	17. FATHER'S NAME (First, Middle, Last)	Marka	11: 1	18. MOTHER'S NA	AME (First, Middl	le, Maiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	TIMPRECI	T MAIL BUC ADDRESS	2-14	upp		
2	WILLIAM A.	MARKEHITE	3234	SS (Street and Number or Burel	Houte Number,	My or Town, Statu, Zip Co	MS 71334
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		AND DATE OF DISPO		DATE	20c. LOCATION — City	or Town, State
	4 Donation 5 Other (Specify)	Dak	ematory or other place	MM0 13	1992	Balto	md.
	21. SIGNATURE GE PIÑNERAL SERVICE LICI	Rounen	222	NAME AND ADDRESS OF FA	CILITY	news >	Fren Home
	fortig	100		263 5.000	Hen	St. 07	1224
	23. PART I. Enter the diseases, or eshock, or heart-failure. L	int only one cause on each line	eath. Do not ente e.	r the mode of dying, suc	ch as cardiac	or respiratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final-disease or condition						Onset and Death
	resulting in death)	.Arterioscler	otic Ca	<u>rdiovascul</u>	ar Di	sease	
z	t was communicated as a support of the						į
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):				
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF:				
	resulting in death) LAST						į
CE	PART II. Other significant conditions						
CAL	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	contributing to death but not	resulting in the u	indenying cause given in	Part I. 244	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						YES 2 NO	OF DEATH?
PHYSICIAN: MEDICAL					$-\mid_{\mathrm{I}}$	nquiry	1 ☐ YES 2 🙀 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C)	neck only one)		
YSI	1 🔀 YES 2 🗌 NO	1 Inpatient 2 NER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	6 Other (Sp	ecify)	
	27. MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRII	BE HOW INJURY OCCUR	EO
)	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he		1 YES 2 NO	28f. LOCATIO	N (Street and Number or F	Jural Gouta Number
	4 Homicide 6 Could not be	building, etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or To	wn, State)	arai rigato ratrigios,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, do	eath occurred at the	time, deta and place, and due	to the cause/a) and manner as stated.	
MO		R: On the basis of examination and/or					suse(a) and manner as stated.
BE C	ME BIGNATURE AND TITLE OF CERTIFIER	. A		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
TO B	maryone meye	ull		O.C.M	.E.	▶ 11	11 1992
-	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)				

Korell, MD. 111

Penn

Baltimore,



31. DATE FILED (Month, Day, Year)

NOV 1 2 1992 4

21201

Maryland

	FOR
1	STATE
٠.	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 31593

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)	M	10			2. DATE OF DEATH DON'TH	AY J Y	3. 1 EAR	TIME OF DEATH
	Ŋ		S. SEX Y & AGE !	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10/9:	2	CE (State or Foreign
		A Designation of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		94 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	D .
3 should	- 3	9a. FACILITY NAME (If not institution, give street				R LOCATION OF DE		9c. COUNTY		
6	MRECTOR	1709 N. BOND	57		BAH	•				
CEA	JEC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d	I. INSIDE CITY
(Vij		mD -	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		BAL				1 [LIMITS?
an. ransit	FUNERAL	1709 N. Bond				2/2/3		10g. CITIZEN	SA	COUNTRY?
21215-0020 Jor attending physician. Nor use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never-Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (140	If yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	i or No 14.	Black, Wh	American Indian, http://ecc.
r attending	9	16. DECEDENT'S EDUCAT (Specify only highest grade co.	TION	16a. DECEDENT'S	USUAL OCCUPATIO	N et al westfee	16b. KIND OF BU	SINESS/INDUS		
10	COMPLETE		College (1-4 or 5+)	life. Op NOT us	work done during mos se retired.)					
the host detache	OM	17. FATHER'S NAME (First, Middle, Last)		770036			ME (First, Middle, Meiden	Sumamal		
AYL d by th	BE C	WEST WALTER	25				Johnson		LTE	RS
MARYLAND : e retained by the hospital e 5 should be detached it notified at once.	10	190. INFORMANT'S NAME (Type/Print)	101			nd Number or Rural F	House Number, City or Tow	m, State, Zip Con	cle)	
IMORE, Page 6 may be I director, page		20a. METHOD OF DISPOSITION 1	200	DI ACE AND DATE	OF DIODOGUTION (III					State
MO Page 6 directs		4 Donation 5 Other (Specify)	M	ARYLAN	Id NATIO	NAL CEP	11/16 LR	UREL	pi	\mathcal{D}_{i}
JALT death. e funera il.		Betts Fun	eral Hon	e	1129	N. CA	ROLINE !	st B	14	2/2/3 mp
rs aft remo		23. PART i. Enter the diseases, or cor shock, or heart feliure. Lis	mplications that caused	the death. Do r						Approximate
y filled in the me		IMMEDIATE CAUSE (Final disease or condition	1	-	tein				į	Interval Between Onset and Death
		resulting in death)		CONSEQUENCE OF		100				
(68760, executed with and complet o burial, cren	z		222.10 (011.10)	0011020021102 01					į	
2 8 " 0 F	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):					
Phys phys	FIG	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	Pi:					
a 의 문화 등	E	resulting in death) LAST							j	
IDS, P the death by the attent of Mental H Injury, or		PART II. Other significant conditions of	contributing to deeth bu	It not resulting	In the underlying	cause given in	Part I. 24s. WAS AN	ALITOPSY	24h WEI	RE AUTOPSY FINDINGS
any any	DICAL			•		ouddo groun in	PERFOR	RMED?	CON	ILABLE PRIOR TO IPLETION OF CAUSE
REC requires been sign t. of Heal	ME							o		DEATH? YES 2 NO
- 0 -										
F # # # 5	HYSICIAN		IOSPITAL:	uthout a Class	OTHER:	ACE OF DEATH (Che				
OF VIT, PHYSICIAN: The this certificate with the State thed, or item	H	27. MANNER OF DEATH	26e. DATE OF INJURY	28b, T/M	E OF 28c INJI	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED	
ON OI DING PHYS After this death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 Y	ES 2 NO				
STEN TEN TEN TEN TEN TEN TEN TEN TEN TEN	ETED	3 Suicide 8 Could not be determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determined determin								Number,
DIV TAL OR A VAL DIREC 72 hours If Item	1P.E.		AN: To the best of my knowle							
HOSPITAL FUNERAL WITHIN 72	COMPL	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigatio	n, in my opinion, de	onth occured at the	time, data and place, an	d due to the ca	luse(s) and	menner as stated.
To the Hospital To the Funeral De filed within 72 Important: If	8	296. SIGNATURE AND TITLE OF CERTIFIER	drain.	Li.	D	D 3 8	1BER -0 3 3	29d. DATE SN	GNED (Mon	Day, Year)
0=	2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	0			1 1 1	
_	Ì	31. DATE FILED (Month, Day 1992	38 NEGISTEARS SIGNA	Triggs						
		NOV 1 2 1992	guar rainaoin	Milano	4					

3. TIME OF DEATH

2. DATE OF DEATH MONTH DAY 1992 YEAR NOV.11, 1992

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Eugene W. Martin

0	
9	
8	
9	
O. BOX 68760	
0	
\tilde{m}	
	1
O	
а.	
(A)	
Ö	
7	
~	
\approx	
\sim	
~	
7	
3	
>	
L	
0	ĺ
_	
Z	
DIVISION OF VITAL RECORDS, P.O.	
S	
=	
2	

	4. SOCIAL SECURITY NUM 218-01-7		5, SEX	6. AGE (In yr	73 YRS.	MONTHS DA	AR IF UN	1	7. DATE OF (Month, D 04)	716/1	9	B. BIRTHPI Country)	ryland
200	9a. FACILITY NAME (# not if 4132 Ann	apolis	-					e Hig			9c. COU	NTY OF DEA	ATH
DIREC	100. STATE		ltimore		10c. CIT	ry, town or t Bal	ocation timor	e					IOd. INSIDE CITY LIMITS? I YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4132 Ann	apolis	Road				101, ZIP C	21227				IZEN OF WH	IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2	≥ □NO	II ye	DECENDEN s, specify C YES 2 X I	uban, Mexica	IC ORIGIN? (5 n, Puerto Rica :	Specify Yes an, etc.)	or No—	Black,	American Indian, White, etc.
PLETED		CEDENT'S EDU ly highest grade 0-12)				work done during retired.)	g most of wo	orking		ND OF BUS		DUSTRY	
BE COMPL	17. FATHER'S NAME (First, A Walter M				40000	i call	_		ME (First, Midd h Hans	dle, Maiden			
TO B	Flora D.		.n			ADDRESS (SI				City or Town		Code) Md	21227
	20a, METHOD OF DISPOSIT 1 IX Burlet 2 Cremett 4 Donation 5 Othe	on 3 🗆 Rem r (Specify)		20b.PL	ACE AND DATE	of disposition of the place of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of	N/Name of	Cemet	DATE	20c. LO	Crov	City or Town	n, State
- 3	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE		0	22. NAN	719 H	ammon	ds Fr.	Fune	ral F	Home	of Lanso
	23. PART I. Enter the o	liseases, or	complications that	t ceused th	e death. Do								e, Md. 2
~	23. PART (. Enter the c shock, or f immediate cause (Fi disease or condition resulting in death)	neert feliure.	List only one ceu	se on eech	ne death. Do	not enter the	mode of	dying, sucl	as cerdied	c or reapi			Approximate Interval Bets Onset and D
ERTIFICATION	immediate cause (Fi disease or condition_	tiona, odiate ling	a	GC (OR AS A CO	line.	not enter the	mode of	dying, sucl	as cerdied	c or reapi			Approximate Interval Bets Onset and D
MEDICAL	shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or In) that initiated events	tiona, diate in in in in in in in in in in in in in	a. DUE TO b. DUE TO c. DUE TO d	JOR AS A CO (OR AS A CO (OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not enter the	node of	dying, suci	Part I. 24	c or reapi	AUTOPSY MED?	24b. V	Approximate interval Bett Onset and E
IAN: MEDICAL	shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	tiona, dilate ING ury ET Condition	a. DUE TO b. DUE TO c. DUE TO d	GR AS A CO (OR AS A CO deeth but r	INSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	OTHER:	node of	dying, such	Part I. 24	Ia. WAS AN PERFOR	AUTOPSY MED?	24b. V	Approximate interval Betwonset and D AV3 MY VERE AUTOPSY FIND TO MILLABLE PRIOR TO DOMPLETION OF CAU DEP DEATH?
PHYSICIAN: MEDICAL	shock, or I immediate with any leading in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last classes or Injury that initiated events resulting in death) Last resulting in death) Last resulting in death) PART II. Other signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the significant in the signific	tiona, dilate ING ury ET Condition	a. DUE TO b. DUE TO c. DUE TO d	GR AS A CO (OR AS A CO (OR AS A CO deeth but r	ONSEQUENCE CONSEQUENCE CONSEQU	OTHER: 4 Nursing	node of	dying, such	Part I. 24	Ia. WAS AN PERFOR	AUTOPSY MED?	24b. V	Approximate interval Betwonset and D AV3 MY VERE AUTOPSY FIND TO MILLABLE PRIOR TO DOMPLETION OF CAU DEP DEATH?
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inji that initiated events resulting in death) LAS PART II. Other signific LOPD 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 DEATH 2 Accident	tiona, dilate ING ury ST HOS	a. DUE TO b. DUE TO c. DUE TO d	GR AS A CO (OR AS A CO (OR AS A CO deeth but r	ONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	OTHER: 4 Nursing M 1	tying ceus thome 5 had the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the se	dying, such	Part I. 24 Part I. 24 1 Other (S 28d, DESCR	Ia. WAS AN PERFOR	AUTOPSY MED?	24b. V	Approximate interval Bets Onset and D A A A A A A A A A A A A A A A A A A
BY PHYSICIAN: MEDICAL	Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock, or I in Shock,	tiona, diate iNG ury ST Hest condition Hest condition To MEDICAL Pending investigation Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	JOR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO INJURY ay, Year) FINJURY arc. (Specify)	ONSEQUENCE CONSEQUENCE CONSEQU	OTHER: 4 Numing ME OF 284 JURY M 1 street, factory,	tying ceus 6. PLACE O Home 5 1. 1. INJURY AT WORK? YES date and pl	dying, such	Part I. 24 Part I. 24 1 Other (S 28d. DESCR 28f. LOCATic City or 1	I.a. WAS AN PERFOR YES 2 Specify) ON (Street a flown, State)	AUTOPSY MED? AUTOPSY MED? AND NO NJURY OCCURRED Number	24b. V 24b. V 3. C C C C T T CURED	Approximate Interval Bets Onset and D A 3 Mr. A 3 Mr. A 3 Mr. A 3 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr. A 4 Mr.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NOV 12 1992

DHMH-16 Rev 1/89

	C	9	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TIEGIOTTIATI											MEG. NO.			
1. DECEOENT'S NAME (First, A	B.	Meck	er							2. DATE MONTH	- 5	- 9	YEAR 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (Ir	n yrs. last	birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH			IPLACE (State or Foreign
502 36 9	751	1 M 2 - F	8	2	YRS.	MONTHS	DAYS	HOURS	MIN.	1 0 /	-Day. Year) 20/19	06	Counti	"Dax.
9a. FACILITY NAME (If not institution, give street and number)						9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 96					9c. COUNTY OF DEATH		
BROSENE GROVE N.H.							Owa				MOSTGONERY			
RESIDENCE OF DECEDENT									7					7
10a. STATE	10b. COUNTY	,			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland	Мо	ntgomer	У		01	ney	-							1 NES 2 NO
100. STREET AND NUMBER	de C	morro Do					10	7. ZIP COD						WHAT COUNTRY?
	re G		-			_						USA		
11. MARITAL STATUS 1 Never Married 2 N 3 Nover Married 4 Divorc	5.5970	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES	24 N		13	If yes, s	CENDENT (pecify Cubs S 2 NO	n, Mexica	n, Puerto F	? (Specify Yea licen, atc.)	or No—	Blac	E — American Indian, k, Whita, atc. '''y: hite
	DENT'S EDU			16a. DE0	EDENT'S	USUAL	OCCUPATI	ION		16b.	KIND OF BUS	INESS/IN	DUSTRY	
(Specify only in Elementary/Secondary (0-1		College (1-4 or 5	+)	Me.	Do NOT us	ork don	e during m !.)	ast of worldi	10					
Crementary Co-1		1	"	Pos	stal	Er	olan	Vee		ī	JS Go	verr	men	+
17. FATHER'S NAME (First, Mid	Idle Leets						<u>r</u>	-	HED'C NA		fiddle, Meiden			-
		3.0						100	1500			surrieme)		
Ralph R. M		Т						_		Bet				
19a. INFORMANT'S NAME (Typ.	oe/Print)			19b	. MAILING	ADDRE	SS (Street	and Number	or Rural	Route Numb	er, City or Tow	n, State, Zi	p Code)	
James Meek	er			8	405	Bud	ckan	non	Dri	ve,	Poto	mac	MD	20854
20a. METHOD OF DISPOSITIO			20b.	PLACE (OF DISPOS			emetery, crer			_			own, State
1 Surial 2 ☐ Cremation 4 ☐ Donalion 5 ☐ Other (S	Specify)		_ Ні	igh:		_)2 Ja:	mest	own	ND
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE						ND ADDRE			nera	Hon	200	
Alluet	me	HUKE	1			- 1					2220		162	
23. PART I. Enter the dis						not anti	er the m	oda of dy	Ing, auc	h aa card	llac or reapi	ratory a	reat,	Approximata
		List only one ca	use on ea	ich line										Interval Between Onset and Death
IMMEDIATE CAUSE (Fins disease or condition	al .	Paral.	long	his	200	1	_ //	- 0 10		-				* 1
reaulting in death)	>	a. Courde	1900	INA	פטי ש כנג	411	10	171-17	الانا					minutes
1/2		DUE IC	(OH'AS A	CONSEC	IUENCE O	F); .		14						44.00
Sequentially list condition		b. Interpover	mis	زارات	66	12	slee	edien	5					years
If any, leading to immed		DUE TO	OR AS A	CONSEC	DUENCE OF	F):	^		0					100
csuse. Enter UNDERLYIN CAUSE (Disease or Injur	IG Z	. Meise	tan	6	100	sta	te c	Our	en					years
that initiated events	' l	DUE TO	OR AS A	CONSEC	WENCE O	F):								
reaulting in dasth) LAST		4												ŀ
PART II. Other significan	condition	s contributing to	daath bu	ut not r	esulting	In the	underiyli	ng cause	given in	Part I.	24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
											1 TYES 2			COMPLETION DF CAUSE
											. □ 1E3 2	_ NO		DF DEATH?
										—				1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				071		PLACE OF C	EATH (C)	eck only on	(6)			
1 YES 2 NO		1 Inpetient 2	☐ ER/Outp	atient 3	□ DOA	OTHI		me 5 🗆 R	esidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		26a. DATE O			28b. TIM			JURY AT		28d. OES	CRIBE HOW	NJURY O	CUREO	
1 Natural 5 P		(Month,	Day, Year)		IN.	JURY M		YES 2	NO					
2 DALLION	rvestigation	28e. PLACE	OF INJURY	- At ho	me. ferm	straet 6				281 100	ATION /Strant	and Numb	er or Rivel	Route Number.
	Could not be letermined		, atc. (Spec		rey sent title	on out, I					or Town, State		OF FRENCH	
200 CERTIFIED V														
(Cireck Only) (———	FYING PHYS	ICIAN: To lhe best o	f my knowl	ledge, de	ath occurr	ed at the	e time, dat	te and place	, and du	to the cau	ree(a) and me	nner an st	ated.	
one) 2 MEOIC	CAL EXAMINE	R: On the basis of	axamination	n and/or	investigation	on, in m	y opinion,	death occu	red at the	time, date	and place, ar	d due to	the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE	OF CENTIFIE	R		-			-	29c. Lif	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
Xello 1st	1.17	itta 1	118							930	\cap	b	11/5	792
revery	1000	A	Part Barre	_				1	UL	700	<u>ن</u>		173	11-
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	JSE OF DE	ATH (ITE	M 27) (Type	, Print)								
DA DATE CHES ALL S	front		A DIC COO	ATIO	_									
31. DATE FILED (Month, Day, Y	1992	Julia 1	auridso	N-A	nde									

2011 1 27

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ilem 28 is marked, or ilem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF ATTENDING PHYS	THE CUNERAL MRECTOR: After this of filed within 72 hours after death with	MPORTANT: It item 28 is marked,

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.	92 31396			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH			
	OTIS MA	AHALIA McCA	ALLUM		11 05	1992 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	s. lest birthday) F UNDER 1 YE		7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	220-12-7838	1□M2 Q F 85	YRS. MONTHS DA	S HOURS MIN.	(Month, Day, Year) 7-17-1907	BALTIMORE, MD.			
	9e. FACILITY NAME (If not institution, give st	reet and number)	9b. CITY, TO	N OR LOCATION OF DE		C. COUNTY OF DEATH			
DIRECTOR	CHURCH HOME HOSPI	TAL	BALT	IMORE					
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LO	CATION		10d. INSIDE CITY			
OIR.	MD.		BALTIMO			LIMITS?			
	10e. STREET AND NUMBER			10f. ZIP CODE	11	1 ∑ YES 2 ☐ NO			
FUNERAL	110 BOLTON STREET	r. APT. 519	_	21201		USA.			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 13. WAS	DECENDENT OF NISPAN	NC ORIGIN? (Specify Yee or				
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	If yes	specify Cuben, Mexica (ES 2.A. NO Specify		Black, White, etc. Specify:			
		<u> </u>				BLACK			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KIND OF BUSIN	ESS/INDUSTRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	UNEMPLOYED						
MO	17. FATHER'S NAME (First, Middle, Last)		UNERFLUIED	18 MOTNED'S NA	ME (First, Middle, Meiden Sur				
	HOWARD JACKSON				WOODLAWN	neme)			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Str.			State. Zio Code)			
2	JAMES VERNON JACKS	SON				MORE, MD. 21206			
	20a. METHOD OF DISPOSITION 1 St Burial 2 Cremation 3 Remo	20b. PLA	CE AND DATE OF DISPOSITION	(Neme of		TION — City or Town, State			
	4 Donation 5 Other (Specify)	ARI	crematory or other plecel BUTUS CEMETER	Y	ARBU'	TUS, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	22. NAM	AND ADDRESS OF FA	CILITY	RAL HOME, P.A.			
	- Calaria	-10m	/			D. 21223; P.O. BOX 4433			
	23. PART i. Entar the diseases, or co	omplications that caused the	daeth. Do not anter tha	mode of dying, such	h as cardiac or respirat	ory arrest, Approximate			
	immediate cause (Final	List only one cause on each i				Interval Between Onset and Death			
	disease or condition - a Thero Sclerotic Cardio Vascular Disease multis								
		DUE TO (OR AS A CON	ISEQUENCE OF):		5 V	00)3000 000			
N	Sequentially list conditions,	λ							
AŢ	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CON	ISEOUENCE OF):						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF:						
CERTIFICATION	resulting in death) LAST	,							
	PART il Other significant conditions	- contribution to death to a							
SP	PART II. Other aignificant conditions	eontributing to death but no	ot resulting in the underl	ing ceuse given in	Part i, 24a, WAS AN AU PERFORME	07 AVAILABLE PRIOR TO			
ğ					1 YES 2 \	NO COMPLETION OF CAUSE OF DEATH?			
Σ					_	1 🗆 YES 2 🕽 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		-	DI 105 05 05 1711 101					
S	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient	OTHER:	PLACE OF DEATN (Chi					
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJURY		ome 6 Rasidence	6 ☐ Other (Specify) 28d. DESCRIBE NOW INJU	IBY OCCUPED			
7	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	202. DEGOTIOE NOW MIGO	NAT GOOGNED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY - A	t home, ferm, street, factory, o	ffice	28f. LOCATION (Street and	Number or Rural Route Number,			
	4 Nomicide determined	building, etc. (Specify)			City or Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To like best of my knowledge,	, death occurred at the time.	ete and place, and due	to the cause(s) and manner	on etated			
MO						us to the cause(e) and manner on stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		H. DATE SIGNED (Month, Day, Year)			
TO SEE		and	www	- D32	158 1	11692			
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						
	Tyotin Parikh	MD 881 NI	Eutaw St,	suite 4	07 Battir	no ee MD 21201			
					1				
	31. DATE FILED (Month, Day, Year) NUV 1.2 1992	32. REGISTRAR'S SIGNATURE	ELEC.						

BALTIMORE, MARYLAND 21215-0020	OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the huneral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **RECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transi	Numeral death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Usen 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ELECTRIC PARTIES

	1 - FOR STATE OF M	ARYLAND / DEPART CERTIFI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.				
-	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3.	TIME OF DEATH		
Ÿ	PAUL MAIKA			11 06	92 1	0:40P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLA	CE (State or Foreign		
	214-18-1293 1 M 2 F	79 YRS.	MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF D	(Month, Day, Year) 7/19/13	Md .			
Œ	Perry Pt. VAMC			3111				
DIRECTOR	RESIDENCE OF DECEDENT		Perryville		Harford			
Ö	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION		100	I, INSIDE CITY		
F	Md. Harford	Havi	ce De Grace			LIMITS? YES 2 X NO		
	10e. STREET AND NUMBER		10f, ZIP CODE	Т.	log. CITIZEN OF WHAT			
FUNERAL	Mt. Zion		101. 21 CODE		USA	COUNTRY		
BY FU	1 Never Married 2 Merried FORCES? 1.	EVER IN U.S. ARMED LYES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 25 NO Speci	an, Puerto Rican, etc.)	Black, W	American Indian, hite, etc. White		
		W2	<u> </u>					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	ISUAL OCCUPATION ork done during most of working	166. KIND OF BUSIN	ESS/INDUSTRY			
7	Elementary/Secondary (0-12) College (1-4 or 5+)	0.0	CHECK!					
ž	3rd.		Cab Driver					
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Meiden Su	•			
BE	John Majka			Karolina		wn		
5	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural					
F	mary Lewandowski	4002	Third St. Ba	ltimore, 1	Md. 2122	5		
	20a. METHOD OF DISPOSITION NOBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Of cametery, crematory or oth	er place)		TION — City or Town,			
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	Holy Rosa	22. NAME AND ADDRESS OF F		alto, Mo	•		
	Commell my	1/2-)	David J. W	eber F.H.	Do 1 + 0	M4 2122		
\equiv	23. PART I. Enter the diseases, a complications that	caused the death. Do no	401 S. Che	ster st.	Balto.,			
	immediate cause (Final disease or condition	ENCEPHALOPAT	(2)	in an Carolac of respirat	ory arrest,	Approximate interval Between Onset and Death		
NOI	Sequentially list conditions, of any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): B. Status epilepticus DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events C. DUE TO (C.	DUE TO (OR AS A CONSEQUENCE OF):						
ËH	resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to d	deeth but not resulting Ir	the underlying couse given in	Part I. 24e. WAS AN AU PERFORME 1 YES 2 4	NO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL							
፬	EXAMINER? HOSPITAL:	22 June 20	26. PLACE DF DEATH (C)	neck only one)				
10	1 VEC 1 2 NO	ER/Outpatient 3 DOA	€ Nursing Home 5 Residence	6 Other (Specify)				
۲ ا			OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	URY OCCURED			
Y PHYS	27, MANNER OF DEATH 1 Retural 5 Pending 28a. DATE OF II (Month, De)	(, Year) INJU	M 1 YES 2 NO					
à	27, MANNER OF DEATH 1 Natural 5 Pending (Month, Day) 2 Accident Investigation 3 Suicide 2 Sec. PLACE OF 12	INJURY — At home, lerm, at tc. (Specify)	M 1 TYES 2 NO	281. LOCATION (Street and City or Town, State)	Number or Rural Route	Number,		
B	27. MANNER OF DEATH 1	INJURY — At home, lerm, et at. (Specify)	M 1 VES 2 NO	City or Town, State)	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	Number,		
PLETED BY	27. MANNER OF DEATH 1 Return	INJURY — At home, larm, st tc. (Specify)	M 1 VES 2 NO reet, factory, office	City or Town, State) to the cause(a) and menne	r as stated,			
BE COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 28a. PLACE OF building, at a part of the best of more) 2 MEDICAL EXAMINER: On the basis of axa 29b. SIGNATURE AND TITLE OF CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIG	INJURY — At home, larm, st tc. (Specify) my knowledge, death occurred amination and/or investigation	at the time, date and place, and due, in my opinion, death occured at the	to the cause(a) and menne	r as stated,	I manner sa stated.		
COMPLETED BY	27. MANNER OF DEATH 1 Retural 5 Pending Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF building, at the control of the best of more) 29s. CERTIFIER (Check only orre) 2 MEDICAL EXAMINER: On the basis of axaminer	INJURY — At home, larm, st tc. (Specify) my knowledge, death occurred amination and/or investigation	at the time, date and place, and due, in my opinion, death occured at the	to the cause(a) and menne	r as stated, fue to the cause(s) and	I manner se stated.		
BE COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 28a. PLACE OF building, at a part of the best of more) 2 MEDICAL EXAMINER: On the basis of axa 29b. SIGNATURE AND TITLE OF CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIGNATURE OF CERTIFIER 29b. SIG	INJURY — At home, larm, at to. (Specify) my knowledge, death occurred imination and/or investigation E OF DEATH (ITEM 27) (Type, I	I at the time, date and place, and due, in my opinion, death occured at the	to the cause(a) and menne	r as stated, fue to the cause(s) and	1 manner sa stated.		

YEAR

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

P.A. .O. BOX 4433 Approximate Interval Between **Onset and Death**

7:25

2. DATE OF DEATH MONTH

TH - 5-9

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

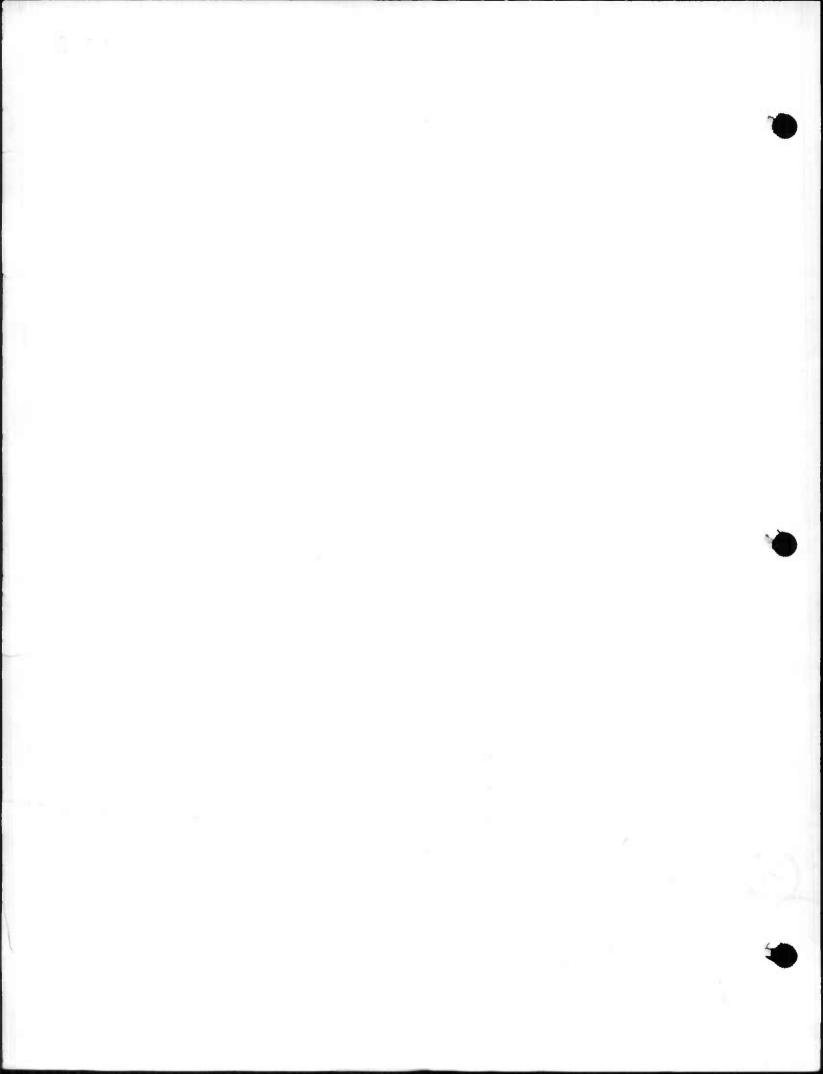
	3	=
	24 ha	filled
13146,	executed within ;	and completely
BOX	rtificate be	g physician
0	h cer	andin
σ.	deat	e atte
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha	E FULL ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in
-	WE!	has be
F VITA	YSICIAN: The	s certificate h
0	Hd 5	er thi
DIVISION	L OR ATTENDIN	AL DIRECTOR: After
	100	Ä
(0	Ť	E R
1	100	Ì
,		
Nic	-	
-	1	d

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	0/ 0.	BIRTHPLA Country)	CE (State or Fores
	309-326264	M 2 F	58	YRS.			6	-72		NDIA	NA
_	9a. FACILITY NAME (If not institution, give:		11	1 1 9	b. CITY, TOWN	OR LOCATION OF	OEATH	. 1	9c. COUNTY	OF OEATI	Н
DIRECTOR	BSH/Bon Son Son Son Son Son Son Son Son Son S	5Cour	4080	tal	Bat	limor.	e /	nd			
E I	10a. STATE 10b. COUNT	Υ	- 0	10c. CITY,	TOWN OR LOCA	TION				100	I, INSIDE CITY LIMITS?
	Mi).				BALTI	MORE				1 [YES 2 NO
A	10e. STREET AND NUMBER					f. ZIP CODE		•	10g. CITIZEI	OF WHAT	COUNTRY?
E	1407 W. FAYETTE S	STREET				21223			US	SA.	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A			CENDENT OF HISP secify Cuban, Mexi			or No 14	RACE -	American Indian, hite, etc.
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W	ARMY		1 TYES	3 2 X NO Spec	cify:		3	Specify: BLACK	
ED	15, OECEDENT'S EDI		16a. D		BUAL OCCUPATI		16b	. KIND OF BU	SINESS/INDUS		•
ᄪᅵ	(Specify only highest grad Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5 +		Give kind of wor b. Do NOT use i	k done during m etired.)	ost of working					
COMPL			CO	NSTRUC	TION WO	RKER				7	
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I	NAME (First, I	Middle, Maiden	Surname)	-1	
BE	ALBERT MITCHELI					CLA	RA MA	E MITO	HELL		
0	19a. INFORMANT'S NAME (Type/Print)			11.00		and Number or Run					0.00
	ELEASE MITCHELL					TTE STRE		-			
	20a. METHOD OF DISPOSITION (C) Burial 2 Cremation 3 Ren	noval from State	other I	alece)	ION (Name of ce CEMETEI	metery, crematory o	,		CATION — CIT		
	4 Donation 6 Other (Specify)	ICENSEE A	TII.	BION		ND ADDRESS OF	FACILITY	BALI	IMORE	, MD.	
	1 / / /	1 12)		PH H. BR		R. FUN	NERAL I	IOME.	P.A.
	TRUM				1913 V	. BALTIMO	RE ST.	BALTO.	MD. 212	223; P	O. BOX
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death) METASTATIC RENAL CANCER Due to (or as a consequence of):										
RTIFICATIO	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
빙	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY PINDING.										
DICAL	PART II. Other aignificant condition	ns contributing to	death but not	resulting in	the underlying	ig cause given	in Pilit I.	PERFO		AW	RE AUTOPSY FIN MILABLE PRIOR TO MPLETION OF CA
								1 TYES	NO 📋	OF	DEATH?
Σ										1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T			26. F	LACE OF DEATH (Check only o	ne)	_	1	
PHYSICI/	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient		OTHER:	me 5 🗆 Residenc	a 8 🗆 Othe	r (Specify)			
ξ	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIME	OF 28c. IN	JURY AT ORK?	7		INJURY OCCU	RED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Internity E	b	-		YES 2 NO		-			
TED	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)							e Number,			
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY:	IER: On the basis of a				•					nd manner as str
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	nubd	M cun	S		SZ9	07J		1 1 4	D 9	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	21 N.	EM 27) (Type, F	4 5 4	T # 3	05	BAL	TIMO	RE	MD21
	31. DATE FILED (Month, Day, Year)	June Davidso	AR'S MONATURE								
	NOV 1 2 1992 2	Time vivido									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

che

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR			EKITF	CATE	F DEA	IH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
	JOSEPH IRA MICHAEL						NOV. 08 199		1992	1:15 P M	
	4. SOCIAL SECURITY NUMBER 220-03-2251	220 02 2251 45 May 5 70 Months Davis Moules Min.								Country	
	9a. FACILITY NAME (If not institution, give :	44	/3	Thu.	9b. CITY, TOW	1 00 1 0047		Feb 27 19	7	Mary	
Œ	2707 WILKENS AV	,		- 1				EATH	9c. COU	NTY OF DE	EATH
18	RESIDENCE OF DECEDENT	ENUE			BA	LTIMO	RE				
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	r, TOWN OR LO	ATION					10d. INSIDE CITY LIMITS?
	MARYLAND				BAL	CIMOR	Е				1 Q YES 2 NO
¥	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?
Ü	2707 WILKENS AVI	ENUE				2	1223		US	SA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 A Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF					NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No	14. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W				ES 2 X NO				Specif	White
8	15. DECEDENT'S EDU	CATION	16a DE	CEDENTIS	USUAL OCCUP	TION		16b, KIND OF BU	i i	WARTEN .	wiitte
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	ive kind of w	vork done during e retired.)	most of world	ing	100. KIND OF BU	SINESS/INC	NSINI	
<u> </u>	Jr. High	College (1-4 or 5		ercha	nt Sea	nan		Ship	nino		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						HER'S NA	ME (First, Middle, Maider			
BEC	Joseph A. MICHAEI					(Cathe	erine O'BR	IEN		
8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	_		Route Number, City or Tox		Code)	
2	Norma E. Michael			2707	Wilken	a Ave	, Bai	ltimore, M	D 2	1223	
	20a. METHOD OF DISPOSITION 117 Burial 2 Cremation 3 Rem	ovel from State	20b. PLACE	ANDDATEC	F DISPOSITION				CATION -	City or Tox	wn, State
	4 Donation & Other (Specify)		- Weste	rn Ce	metery			11/11 Ba	1timo	re,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21223										
	23. PART I. Entar the diseases, pr	complications the	t caused the de	eth. Do n	ot antar the	noda of dy	ing, suc	h as cerdiac or rear	iratory an	reat.	Approximate
	shock, or heart failure.	List only Dna cau	ise on each line	.							Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIAC ARREST									minule	
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):								771714 00		
ERTIFICATION TO BE COM	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F):						11
2	CAUSE (Disease or Injury								months		
E	that initiated events resulting in death) LAST								11001		
岗		d		www.	W Mac	UN 412					Years
	PART II. Other algnificant condition	a contributing to		_		ing ceuse	given in			24b.	WERE AUTOPSY FINDINGS MALLABLE PRIOR TO
EDICAL	PERFORMED 1 YES 2 NO							COMPLETION OF CAUSE OF DEATH?			
ME									•		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	EATH (Ch	eck only one)			
YSI	1 DYES 2 ND	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing H	ome 5 R	asidence	6 Other (Specify)			
PH	27. MANNER OF DEATH	26a. DATE OF (Month, D		26b. TIMI		NJURY AT		28d. DEŞCRIBE HOW	INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 [NO				
ED	3 Suicide 6 Could not be	26s. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, a	treet, factory, o	lica		26f. LOCATION (Street City or Town, State	and Number	or Rural A	oute Number,
ET											
ם		ICIAN: To the best of	my knowledge, de	eth occurre	ed at the time, d	ita and place	, and due	to the cause(s) and ma	nner se staf	ted.	
COMPL	one) 2 MEDICAL EXAMINI	R: On the basis of a	xamination and/or	Investigation	n, in my opinio	, death occu	red at the	time, data and place, a	nd due to th	ne cause(a)	and manner as stated.
BE (29b. SIGNATURE ADTITLE OF CERTIFIS	dia nu	14- 14	0			ENSE NUI		29d, DAT	E SIGNED	(Month, Day, Year)
10 B	2 very	ulnow					021			NOV.	9-4ga
-	30. NAME AND ADDRESS OF PERSON WE					1	281	O			
	DR. HENRY ARMA			NS AV	ENUE -	BALT	IMOR	E, MD. 212	223		
	31. DATE FILED (Month, Dey, Year)	32. EGISTRA	B'S SIGNATURE	nd pp							
- 3	MILL I S IGGS	T WOUND	AN LIMON AND								

Pages 1, 2, 3 should

0, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified et once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	te be executed w	sician and comp prior to burial, c	traumatic eve
S, P.O. E	death certifica	attending phy ental Hygiene	iry, or other
ECORD	quires that the	n signed by the	iows any inju
VITAL R	AN: The law re	ificate has bee	r Item 23 sh
ON OF	IDING PHYSICI	death with the	s marked, o
DIVISI	AL OR ATTEN	AL DIRECTOR: 2 hours after	If Item 28 I
	THE HOSPIT	TO THE FUNERA De filed within 7.	IMPORTANT: 1

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 318 11 ANNA LORETTA MATTINGLY 10 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 M 2 X F YRS 212-05-1132 SEPT. 19. MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 SUMMIT HILL COURT 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2 TNO 1 Never Married 2 Marri Specify: WHITE 1 TES 2 XNO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8TH GRADE ADMINISTRATIVE AID TELEPHONE COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified et CHARLES F. MONTAGUE BARBARA BAUER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 3 SUMMIT HILL COURT-BALTIMORE, MD. 21228 JOHN MATTINGLY pe 20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats DATE must 4 Donation 5 Other (Specify) **LOUDON** PARK CEMETERY BALTIMORE examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death Is marked, or Item 23 shows any Injury, or other traumatic event, the disesse or condition Inferior Myocardiac Infarction Aaute resulting in death) OUE TO (OR AS A CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 @ Theatlent 2 - ER/Outpetlent 3 - DOA OTHER: 1 TES 2 110 4 Nursing Home 5 Residence 8 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER

(Chack and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296 SHONATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Physicia SA1+-820 11-10-92 2 ISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Benjamin Lee, MD Banes beskital 900 cann the

37 REGISTRAR'S SIGNATURE

STATE REGISTRAR

1 -

	afte
	hours
J	24
	within
	executed
	2
	requires that the death certificate be executed within 24 hours after
	death
	the the
	that
	requires
1	š
	ž
	3
	PHYSICA
	먗
	ğ
	B
3	益
b	9

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAKOROVSKAYA NOV. 4, 1992 SARA YEAR 1 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) RUSSIA 63 217-33-6760 1 🗌 M 2 🛱 F DAYS NOV. 20, 1928 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWARD DIRECTOR COLUMBIA 7080 CRADLE ROCK WAY, APT. 801 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY COLUMBIA HOWARD MARYLAND 1 YES 2 | NO permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7080 CRADLE ROCK WAYAPT. 801 21045 IISA burial-transit death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: B 3 Widowed 4 Divorced use as the WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME detached f 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) JANE SCHLOSSBERG 75 VLADIMIR KUSHNIR funeral director, page 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Yown, State, Zip Code)
7080 CRADLE ROCK WAY 2 SHULIM MAKAROVSKAYA APT. 801 COLUMBIA, MD 21045 pe 20a/METHOD OF DISPOSITION

XA Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 11/6/92 COLUMBIA, MD MEMORIAL PARK medical examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Hemure in by the f 6010 REISTERTOWN RD. 21215 BALTO., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. 를 타 Approximate interval Between 5 Filled Onset and Death IMMEDIATE CAUSE (Final n and completely fille to burial, cremation, event, the Wetastatic Glan Carres resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO Deen . has be PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate in the State EXAMINER?

1 YES 2 NO HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 | Inpatient 2 | ER/Outpetlent 3 | DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined Nous after COMPLETED 58 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. = 我 TO THE HOSPING TO THE FUNER POPER METERS IMPORTANT. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED /Month. Day, Year BE 90 145 2000 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SINAI HOSPITAL OF BALTIMORE JAI JOSHI MD NOV 1 2 1992 32. JEGISTRAM'S SIGNATURED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Start water

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Baltimore City

Pennsylvania

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

Specify: White

Clark

21122

21122

Approximata Interval Between

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TYES 2 NO

19

11/10

AMAILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Death

1 TES 2 NO

1.25 AM M

Pages 1, 2, 3 should

burtal

use as the

10

detached once.

2 Ħ

funeral director,

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal,

notified page 5 should

pe

Must

the medical examiner

event.

traumatic

other

0

23

6

28 is marked,

Hem

2

VIDNA

TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho

BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physics

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MUNDRA

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be DRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygnene prior is

Pages 1, 2, 3 should

1
13146,
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

	ermit		
ñ.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a modern after death. Page 6 may be retained by the hospital or attending physician.	urial-tr		
ing pi	the b		
attend	se as		
3 OL 3	for us		
ospit	ched		6
the	e deta		t one
2 2	Q pin		8
retain	5 sho		Supple
ay be	page		94
9 m	ector,		mile
Page	al din		nov
death	funer		W27E
after	by the	DAG!	22
SUNO	ui p	5	med
2	ly fille	MIN.	\$
With	nplete		- Cuen
cuted	d con	Unidi.	Ale a
e exe	ian an	3	CWITT
cate	physici	oud a	ar tre
certifi	ding p	Mile	dio v
death	aften	11001	5
t the	by the		il.
es tha	peut	p IIIP	AMC 4
requir	en Si	5	Shour
MPI (has be	Cepi.	22
N.	icate	State	itam
SICIA	certif	a me	A P
PHY	r this	II WIII	ankon
NDING	R. Afte	r dean	tairs is so a marked or item 22 shows one injury or other traumotic event the medical eventual must be notified at ones
ATTE	E	S and	20
L OR	DIR	DOM:	T. Shane
SPITA	NERA	nin 72	21 21
오	5	ME	A

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEI	PARTMENT OF H		TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) EARL		INN		ONTH DAY	9 2 YEAR	3. TIME OF DEATH		
	121 11 -077	5. SEX 6. AGE (In yrs. last birth 7 3 YF	RS. IF UNDER 1 YEAR DAYS		ATE OF BIRTH Honth, Day, Year)	9 000	JSA		
FOR	BALTIMORE COUNTY GENERAL RANDALLSTOWN BALTIMORE BALTIMORE COUNTY GENERAL RANDALLSTOWN BALTIMORE								
DIRECTOR	100. STATE 10b. COUNTY	100	Baltimar				10d. INSIDE CITY LIMITS? 1 VES 2 NO		
FUNERAL	10e. STREET AND NUMBER 3509 ESSEX	Road		21207		GEO	WHAT COUNTRY?		
BY FUN		12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	if yes, sp	ENDENT OF HISPANIC OF city Cuban, Mexican, Pur 2 NO Specify:		Bia	CE - American Indian, ck, White, atc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ompleted) (Give kir	ENT'S USUAL OCCUPATION of work done during mo NOT use retired.)	n st of working	16b. KIND OF BUSIN	NESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)	Munn	PENG	18. MOTHER'S NAME (F	irst, Middle, Meiden St	irname)			
TO BE	190. INFORMANT'S NAME (Type/Print)		MLING ADDRESS (Street	1 2.1	Number, City or Town,	State, Zip Code)	21207		
	20e. METHOD OF DISPOSITION 1	20b, PLACE OF D	DISPOSITION (Name of cer	netery, crematory or	Bal	TION - City or	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE INGE	rroll	I TVI	DADDRESS OF FACILITY	Funera	1	e		
	IMMEDIATE CAUSE (Final	omplications that caused the death. Ist only one cause on each line. CASTROINTES DUE TO (OR AS A CONSEQUEN	STINAL		•	itDry errest,	Approximate Interval Between Onset and Deeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PERFORMED? AN CC OI						4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BOTHER:								
	1 YES 2 NO 27. MANNER OF DEATH 1 Xhetural 5 Pending	1 Inpatient 2 ER/Outpatient 3 D 26e. OATE OF INJURY (Month, Day, Year) 28	b. TIME OF 28c. IN.	PK?	Other (Specify) I. DESCRIBE HOW IN.	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	- 10	YES 2 NO 261	. LOCATION (Street an City or Town, State)	d Number or Run	ıl Route Number,		
COMPLETED	(and an ann)	EIAN: To the best of my knowledge, death of the best of examination end/or investigation.					e(s) and menner se stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	HOUSE	SICIAN	29c. LICENSE NUMBER			ED (Morith, Day, Year)		
ТО	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print) 3. G.	a.H		·	,		
	NOV 1 2 1992	32. BEGISTRAR'S SIGNATURE							



BALTIMORE, MARYLAND 21215-0020

HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA			3. TIME OF DEATH
	ANTHONY	J.	MITC	HELL		1 1	01	92	7:55 P M
	4. SOCIAL SECURITY NUMBER 213-03-1826 A			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, 1) 8 - 18 -	had	Country	land
	9a. FACILITY NAME (If not institution, give str			b. CITY, TOWN OR	LOCATION OF DE			NTY OF DE	
DIRECTOR	123 WEST 29TH	STREET		BALTI	MORE				
E C	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATIO	DN				10d. INSIDE CITY
2	Md		Bal	timore					LIMITS? 1º YES 2 NO
MAL	10s. STREET AND NUMBER	100 001	1 61	101, 2	ZIP CODE				HAT COUNTRY?
FUNERAL	Wyman House, 1				21218			A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1X YES	2 NO	If yes, spec	NDENT OF HISPAN offy Cuban, Mexican	n, Puerto Rican, e		Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	W.II	1 TYES 2	Specify:			Specify WH1	te
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S US	SUAL OCCUPATION	of working	16b. KIND (OF BUSINESS/IN	DUSTRY	
LEI	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Me. Do NOT use n	etired.)	111111111111111111111111111111111111111	34	- D		
COMPL	17. FATHER'S NAME (First, Middle, Lest)		AUto M				o Repa	ır	
BE CO	Anthony J. Mito	chell			Petrol	la Lek:	stutis		
TO B	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural R				21220
-	ANtoinette Jord					-			arters, M
	20s. METHOD QE DISPOSITION 1	wal from State 200	b. PLACE AND DATE OF I metery, crematory or other	DISPOSITION (Nam	e of	DATE 2	Oc. LOCATION —	City or Tow	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE F.d.i.g.o.p.	M Porki	22. NAME AND	ADDRESS OF FAC	anta N TT-b·	-92 B	alto	., Md. 21222
	18 Lison M		D00083	Bra	dl@Yida	shton l	Funera	l Ho	meiking:
	23. PART i. Enter the diseases, or conshock, or heart feliure. L	omplications that cause	d the death. Do not						Approximate
	IMMEDIATE CAUSE (Fine)	And the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th							Interval Between Onset and Death
	disease or condition resulting in death)	Arlevosch	erolic can	diova	ecular	Liseas	L		
_	disease or condition and an accordance of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th								
Ö	Sequentially list conditions,	L							
<u>Ş</u>	If any, leading to immediate Cause, Enter INDERLYING								
0	cause. Enter UNDERLYING	DUE TO (OR AS .	A CONSEQUENCE OF):						
TIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF):						
CERTIFIC	CAUSE (Disease or injury								
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):	the underlying	couse given in I		INS AN AUTOPSY		WERE AUTOPSY FINDINGS
A	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	the underlying	ceuse given in I	P	INS AN AUTOPSY ERFORMED? YES 2 (M NO	1000	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	the underlying	ceuse given in I	P	ERFORMED?		AMAILABLE PRIOR TO
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A	A CONSEQUENCE OF):	the underlying	ceuse given in I	P	ERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A	A CONSEQUENCE OF):	26. PLA	CE OF DEATH (Cho	Pi	ERFORMED? YES 2 (MO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A contributing to deeth be reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstructed by the reconstruc	Dut not resulting in	26. PLA ITHER: □ Nursing Home	CE OF DEATH (Cho	ck only one)	PERFORMED? YES 2 (NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A	A CONSEQUENCE OF):	26. PLA THER: Nursing Home F 28c. INJUI Y WORI	CE OF DEATH (Cho	ck only one)	ERFORMED? YES 2 (MO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth be HOSPITAL: Impetent 2 ER/Outs (Month, Day, Year) 28e. PLACE OF INJURY	patient 3 DOA 4	26. PLA OTHER: Nursing Home OF Y M 1 YE	CE OF DEATH (Cho	1 1 1 1 1 1 1 1 1 1	ERFORMED? /ES 2 (M NO /Y) HOW INJURY OC	CURED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS a contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to deeth to contributing to contributing to deeth to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing	patient 3 DOA 4	26. PLA OTHER: Nursing Home OF Y M 1 YE	CE OF DEATH (Cho	1 N	ERFORMED? /ES 2 (M NO /Y) HOW INJURY OC	CURED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth be HOSPITAL: Impetent 2 ER/Outs (Month, Day, Year) 28e. PLACE OF INJURY	patient 3 DOA 28b. TIME C INJUR	26. PLA PTHER: Nursing Home DF Y M 28c. INJUIT Y M 1 YE et, factory, office	CE OF DEATH (Che 5 X) Residence RY AT K7 SS 2 NO	1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	PERFORMED? YES 2 (M NO YY) HOW INJURY OC Street and Number State)	CURED or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	HOSPITAL: Impetent 2 ER/Out 28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIME C INJUR	26. PLAN PTHER: Nursing Home PF Y M 28c. INJUI WORI 1 YE et, factory, office	CE OF DEATH (Che 5 X) Residence RY AT K7 SS 2 NO	ck only one) 6 Other (Specil 28d. DE\$CRIBE 281. LOCATION (City or Yown,	ERFORMED? (/ES 2 (M/NO //Y) HOW INJURY OC Street and Number State)	CURED or Rural Ro	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS a contributing to deeth to a contributing to deeth to a contributing to deeth to a contributing to deeth to a contributing to deeth to a contributing to deeth to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution to a contribution t	petient 3 DOA 28b. TIME C INJUR	26. PLA THER: Nursing Home PF Y M 28c. INJUI Y Y M 1 YE et, factory, office at the time, date as	CE OF DEATH (Che 5 X) Residence RY AT K7 SS 2 NO	ck only one) 6 Other (Specili 28d, DESCRIBE 28f, LOCATION (City or Yown, to the cause(e) at time, date and pla	PREPORMED? YES 2 (M NO YY) HOW INJURY OC State) and manner as state ice, and due to the	CURED or Rural Ro ted. te cause(e)	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not ba determined 29e. CERTIFIER Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER CONCALL AND WALLS	DUE TO (OR AS A LONG TO TO TO TO TO TO TO TO TO TO TO TO TO	patient 3 DOA 4 patient 3 DOA 4 28b. TIME C INJURY — At home, ferm, strecity) viedge, death occurred on and/or investigation, in	26. PLA PTHER: Nursing Home PF Y M 28c. INJUI WORI 1 YE et, factory, office at the time, date as In my opinion, des	CE OF DEATH (Cho	S Other (Special 28d, DESCRIBE 28f, LOCATION (City or Town, to the cause(e) are time, date and plater.	PREPORMED? YES 2 (M NO YY) HOW INJURY OC State) Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Indimension as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as states Individual as state	CURED or Rural Ro ted. ne cause(e) E SIGNED (MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS	patient 3 DOA 28b. TIME C INJUR Y — At home, ferm, strectly) At home, ferm, strectly) Path (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27) (Type, Price Att (ITEM 27	26. PLAN PTHER: Nursing Home DF Y M 28c. INVOR 1	CE OF DEATH (Cho 5 N Residence 1	ck only one) 6 Other (Specil 28d, DE\$CRIBE 281. LOCATION (City or Yown, to the cause(e) ar	PREPORMED? (/ES 2 (M/NO //Y) HOW INJURY OC Street and Number State) d manner as states 29d. DAT	CURED or Rural Ro ted. te cause(e) E SIGNED (MARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Nute Number, and manner as stated. Month, Day, Year) 2 — 1992

1905 8 80

1 . 1 . mal 5

'n,	ansit permit. Pages 1, 2, 3 should		
ed by the hospital or attending physicia	uld be detached for use as the burial-t		ed at once.
ISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ath certificate be executed within 24 h	ttending physician and completely filled	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or other traumatic event, the
YSICIAN: The law requires that the de	s certificate has been signed by the a	th the State Dept. of Health and Ment	d, or item 23 shows any injury
TO THE HOSPITAL OR ATTENDING PHY	TO THE PRINCIPAL DIRECTOR; After this	m filed within 72 hours after death wi	MPORTANT: If them 28 is marked

	1 - STATE OF MARY	LAND / DEPARTMENT OF H CERTIFICATE OF		ENTAL HYGIENE REG. NO.	32 31605	
	071-16-2746 10M2 F 3	E (in yrs. lest birthday) YRS. MONTHS DAYB	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year)	BIRTHPLACE (State or Foreign	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) LEVINDALE RESIDENCE OF DECEDENT	BA	ET IM	PRE BC. COUNT	Y OF DEATH	
	10a. STREET AND NUMBER 3622 GI	ENGALE AVE	LT M		10d, INSIDE CITY LIMITS? 12 YES 2 NO N OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO If yes, sp	CENDENT OF HISPANIC secify Cuban, Maxican, 2 2 NO Specify:		4. RACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2 Coffege (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATI (Give kind of work done during mille. Do NOT use retired.) HOUSEWIFE		16b. KIND OF BUSINESS/INDUS	STRY	
8	17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Meiden Surname)		
BE	LEHMAN KATZ			rchen nusb		
유	19e. INFORMANT'S NAME (Type/Print) RABBI JOSEPH KATZ			ute Number, City or Town, State, Zip C		
	20a. METHOD OF DISPOSITION	3622 GLENGY		DATE 20c. LOCATION CH		
	1 Buriel 2 Cremetion 3 Permoval from State 4 Donation 5 Other (Specify)	of cercEDAR PARK place 1:	1/10/92	WESTWOOD	. NT	
000	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	SOL :				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	at, Approximate interval Batween Onset and Deeth	
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death	but not resulting in the underlying	g cause given in P	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		LACE OF DEATH (Chec	ck only one)	-	
YSI	1 YES 29 NO 1 Inpetient 2 ER/O		me 5 🗆 Residence 6			
	27. MANNER OF DEATH 28s. DATE OF INJUF (Month, Day, Yes	r) INJURY W	ORK?	26d. DESCRIBE HOW INJURY OCCU	IRED	
TED BY	2 Accident Investigation	IRY — At home, farm, street, factory, offi	home, farm, street, factory, office 26f, LOCATION (Street and City or Town, State)		Number or Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basic of examine					
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED ANSE OF		29c. LICENSE NUMI	928 29d. DATE	SIGNED (Month/Day, Year)	
	31. DATE FILED (Morth, Day, Your) NOV 1 2 1992 A SUM DAY DAY DOWN	35 W. Belvel	LE AVE	Jule 22 Be	1732 mane MM 21215	

BALTIMORE, MARYLAND 21215-0020	24 mours after death., Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-trans	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transic per manner.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AI		IENE	2 31606
	1. DECEDENT'S NAME (First, Middle, Last)	Virginia	H.	Ortt	2. DATE OF DEAT	·u	3. TIME OF DEATH
	4. SOCIAL SECURITY JUMBER 213-34-6674	1 - M 2 PF 7		F UNDER 1 YEAR # UNDER 24 HOURS M	ris. 7. DATE OF BIRTH	1913	8. BIRTHPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give st Sinai Hospital RESIDENCE OF DECEDENT	reet and number)	9	Baltimore		9c. COUN	TY OF DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			THIN ON			10d. INSIDE CITY LIMITS? 1 VES 2 NO
	2909 South	m, ave	rue.	101. ZIP CODE 8/5/4	4	U	EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 MO		SPANIC ORIGIN? (Specification, Puerto Rican, atc pecify:	.)	14. RACE — American Indian, Black, Whita, atc. Windte
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of word life. Do NOT use in Beauti	done during most of working etired.)	16b. KIND OF	BUSINESS/INOU	STRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Capt. George H.	New		18. MOTHER Bla	s NAME (First, Middle, Ma nche S. Hu	iden Surname) tchins	
10	Margaret A. Hur	ley	19b. MAILING AE 2909 S	press (Street and Number or F Southern Aven	ural Route Number, City or ue Baltimo	re, Md.	21214
	20a_METHOD OF DISPOSITION 1	val from State cem	PLACE AND DATE OF E atery, crematory or other arkwood N	place) lov 14 1992	B	LOCATION — CI	
	Jensey J. Sladder Leonard J. Ruck Inc. 5305 Harford Road 212						
NO	23. PARTA. Enter the disease, or crahock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carliac DUE TO (OR AS A POST-OP	assipta	enter the mode of dying, le myocardial	such as cerdiac or re	tin	Approximate interval Batween Onset and Death 25 Min
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	SIP COTONA DUE TO (OR AS A Slocke Co	y arling conscious conscious or	Dem disease	ting X =	t coma	y artin Chronic
IN. IMEDICAL	PART II. Other significant conditions The transport of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condit	contributing to death be cular support	it not resulting in the	ne underlying cause given	PER PER	AN AUTOPSY FORMED? S 2 KNO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
THI SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH FHER: Nursing Home 5 Residen			
10	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 YES 2 NO	28d. OEŞCRIBE HO	W INJURY OCCU	RED
1	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Speci	— At home, farm, atres	t, factory, office	26f. LOCATION (Str. City or Town, St	eet and Number or late)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowle On the basis of examination	dga, daath occurred a and/or investigation, is	the time, data and place, and i my opinion, death occured at	dua to the cause(s) and the time, data and placa	manner as stated	cause(s) and manner as stated.
1	29b. SIGNATURE AND TITLE OF CENTIFIER	Sun,	Don	29e. LICENSE	NUMBER	29d. DATE 5	POZ
	30. NAME AND ADDRESS OF PERSON WHO 2411 W. Beluge 31. DATE FILED (Month, Day, Year)	tere, medi	al office	Bldg. s	wite 50 z		
	11-10-92	32. RECHSTRAR'S SIGNA	92 Juli	Laurdson-Alanda	61		
1		y .					DHMH-18 Rev 1/

FOR STATE REGISTR
1. DECEDENT'S
MIRIA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATH	
	MIRIAM I. OCHS	5				NOVEMBER		10:45 P.M.	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign	
	217-26-9080	1 □ M 2 🔀 F	85 YRS.	MONTHS DAYS	HOURS MIN.	AUG. 09,		ARYLAND	
	9a. FACILITY NAME (If not institution, give s	itreet and number)		96. CITY, TOWN	DR LOCATION DE D		9c. COUNTY OF	DEATH	
8	RIDGEWAY MANOR NU	JRSING HOME		BALTI	MORE		BALT	IMORE	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	v	400.00	TY, TOWN OR LOCA	71011			T	
E		•	10c. CI					10d. INSIDE CITY LIMITS?	
21	MARYLAND 100. STREET AND NUMBER			BALTIMO				1 VES 2 NO	
FUNERAL	W-35-2-1			1	or. ZIP CODE			WHAT COUNTRY?	
밀	820 CATON AV					229		.S.A.	
교	1 Never Married 2 Married	12. WAS DECEOENT EVE FORCES? 1 Y	ES 2 NO	If yes, s	pecify Cuban, Mexica	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No — 14. RAC Bla	CE — American Indian, ck, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆 YE	S 2 X NO Specif	by:	Spe	c#y: WHITE	
	15. DECEDENT'S EDU	CATION	16a, DECEDENT	S USUAL OCCUPAT	ION	16P KINO OF BILL	I SINESS/INDUSTRY	110000	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during name retired.)	ost of working	low rance or both	JANESON AND STATE		
7	8TH GRADE	conege (I-4 or 5 +)	HOMEM	AKER					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOHEL	IKBK	18. MOTHER'S NA	AME (First, Middle, Maiden	Sumamal		
Ö	EDWARD MAISEL					GRACE BROW			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street		Route Number, City or Tow			
2	MR. LEE BUCKIN	ICHAM				- BAltimo:		21228	
	20a. METHOD OF DISPOSITION		20b. PLACE AND OATE				CATION — City or 1		
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		WESTERN				LTIMORE	, , , ,	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Λ		ND AOORESS OF FA				
	NV TaV	11 m	· V	HUBBA	RD FUNER	AL HOME IN	С.		
	Mishighton	N. 111	No.	4107	WILKENS	AVENUE-BAL	TIMORE.	MD. 21229	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.								
- 1	IMMEDIATE CAUSE (Final								
	disease or condition resulting in death)	. A Cull	+ Chur	my Ken	al fo	arline			
		OUE TO (OR	AS A CONSEQUENCE	OF):	1-10	/			
N	Sequentially list conditions, and a consequent on								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
5	CAUSE (Disease or Injury	C CIETO (OR	C A CONTEQUENCE	country on the first					
Ē	that initiated events resulting in death) LAST	6 62 10					lai Ho	4.	
8 1		d. Now	~ - win	agre	egun)	12 aprets	o year of	13	
	PART II. Other significant condition	s contributing to deat	h but not resulting	in the underlyle	ng cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS	
EDICAL						PERFOR	,	MAILABLE PRIOR TO COMPLETION OF CAUSE	
	477						SCHO I	OF DEATH?	
3								1 YES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	- 10		26, 1	PLACE OF DEATH (CA	neck only one)			
S	EXAMINER? 1 Tes 2 Total	HOSPITAL: 1 Inpatient 2 ER/0	Outpetient 3 - DOA	QTHER:		6 ☐ Other (Specify)			
높	27. MANNER OF DEATH	28s. DATE DF INJU			JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
	Natural 5 Pending	(Month, Day, Ye	nr) in	JURY W	ORK? YES 2 ND				
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJ	URY — At home, farm,			281. LOCATION (Street of	and Number or Burel	Soute Number	
COMPLETED	4 Homicide determined	building, atc. (Specify)			City or Town, State)		Tradition (Tarrison)	
	29a. CERTIFIER						-2 A. V. V. V. H.		
MP		CIAN: To the best of my k						CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRA	
8		R: On the basie of examin	ation end/or investigat	on, in my opinion,	death occured at the	time, date end place, an	d due to the ceuse	(e) and manner ee stated.	
BE	296/SIGNATURE AND TITLE OF CONTIFIES	1	1	haire	29c. LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Day, Year)	
2		5	r	ysición	11/27	769	· (1/	7/92	
	30. NAME AND ADDRESS OF PERSON WH				D CHITME	OOF DATES	ODE VE	21220	
	DR. MARCELINO AI			LING KOA	W-SUITE	ZO2-RALIIM	UKE, MD.	21228	
	NOV 12 1992	32. TEGISTRAR'S S	IGMATURE						
	MUY I 6 1938. a	- Indiana Luis Sales and							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Q.	8		
	2	Sch		5
	pe	det		5
	A	9		*
	d b	P		P
	9	100		9
	eta	Sh		E
	9	6 5		=
	N P	Dag		ě
	E	1,1		15
	9	octo		Ē
	900	dire		-
	9	Les.		Ē
	ath	Ine		E
	de	9 1	_:	9
	fter	=	Ova	1
	60	2	E	dic
	DOU	드	J. 10	ug.
Ì	E	Bell	٦, 0	
ı	THE INC. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FULL FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	tion	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	This is	etel	ma	H,
	¥	np A	5	Ne.
	pet	000	100	60
	BCU	90	pnq	E S
	XX.	1 31	101	E
	3	clar	50	36
	ate	JS (8	=
	ific	P	ane	Pe
	De.	ing	NO.	5
	5	end	Ŧ	0
	dea	F	mta	ř
	96	the	¥	=
	tt	K	B	-
	that	2	1 3	a y
	90	gne	alt	99
	in in	5	H	*
	S	99	0	45
	SW.	o p	P	m
	92	La Ca	ŏ	n 2
	F	ate	tate	5
	AN	iffic	S	-
	0	Dec.	\$	
	32	is	Jil.	Po
	6	=	N H	ar.
	ING.	the	eat	E
	2	3	D J	.00
	H	ě	afte	28
	A	SEC	55	E
	8	DIR	Pon	9
	A	A	2	=
	6	1	i	$\stackrel{\cdot \cdot \cdot}{\vdash}$
	2	₫	É	AN
ļ	w	F	P	돈
í	8	骬	file	8
į	2	P	8	蓋

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN		. 01000
	1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH		3. TIME OF DEATH
	Evelyn M				Nov.11,	1992	M
	219-30-0337	5. SEX 6. AGE (In yrs. lest birthdey) 1 M 2 F S S S S S S S S S S S S			7. DATE OF BIRTH (Month, Day, Year)	- 1	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give				02/04/10 DEATH		Maryland OF DEATH
TOR	5512 Highridge	Street		Arbutus		Balti	more
DIRECTOR	MD 106, COUN Bal				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 5512 Highridge	Street		101. ZIP CODE 21227		10g. CITIZEI USA	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 X NO Spec	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed) College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION (c done during most of working street.)	16b. KIND OF BU		
립	6TH	Conege (I-4 or 5+)	linework	or	Garmen	+	
S S	17. FATHER'S NAME (First, Middle, Last)		TTI CHOLIN		AME (First, Middle, Maider		
BE (James Magee			Marq	uerita Str	icklei	1
6	19a. INFORMANT'S NAME (Typo/Print)			DRESS (Street end Number or Rural		vn, State, Zip Co	ode)
	Patricia Pfiste			<u>ighridge Stree</u>			ND 21227
	1 S Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State Cert	netery, crematory or other	place)			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSES.	OSC HOLY	Redeemer Cemet 22. NAME AND ADDRESS OF F	ACILITATION	Funer:	ore, marylano
	1.6-	7	<- S.	1328 Sulphur	Spring Ro	ad, Arl	outus,Md
	23. PART I. Enter the diseases, or shock, or heart fallure	complications that cause b. List only one cause on e	the death. Do not	enter the mode of dying, su	ch as cardlec or resp	iratory arres	t, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Congest	re Hen	& Farluse			Onset and Desth
_	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Congetive Hent Failure Due to (or as a consequence of): Volkular Disease b. Sequentieity list conditions.						
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):				
AL C	PART II. Other significant condition	ons contributing to deeth b	out not resulting in t	the underlying ceuse given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
EDICA	Dementin				PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						~	1 TES 2 NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C	heck only one)		
14S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b, TIME 0	□ Nursing Home 5 → Tesidence F 28c. INJURY AT			
	Natural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 VES 2 NO	28d. DEŞCRIBE HOW	INJUNY OCCUP	RED
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF INJURY	— At home, ferm, stre	et, fectory, office	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
Ē	29a. CERTIFIER				1		
COMPLET				it the time, data and place, end du in my opinion, death occured at th			
ш	296. SIGNATURE AND TITLE OF CERTIFI			29c. LICENSE NU	JMBER	29d. DATE S	IGNED (Month, Day, Year)
то в	Colmul .	Mand		D3993	-/	> 1P	
F	30. NAME AND ADDRESS OF PERSON &	COUNTY 4/	ATH (ITEM 27) (Type, Pri	D3495	lt -> 212	-28	
1	31. DATE FILED (Month, Day, Year)	" Day doon 1					
	NOV 1 2 1992	1					

	1 - STATE REGISTRAR	OIMIL OF I	C	ERTIF	ICATE O	F DEA		MEMIN	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Edway							2. DATE	OF OEATH		o KEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER	411			Perkins		Z.	Nov	ember'	79, 1	992	2:55pm
		5. SEX	8. GE (In yrs. In	st birthday) YRS.	IF UNDER 1 YEA		R 24 HRS.		OF BIRTN		8. BIRTNE Country	PLACE (State or Foreign
	244-22-35G/A 90. FACILITY NAME (If not institution, give		65	Tho.	OL OUTY TOU				-11-		m	di
DIRECTOR	Maryland Gener		tal		96. CITY, TOW	altin				9c. COI	JNTY OF OE	ATH
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN											10d. INSIDE CITY
P	md.				BA	To.			LIMITS			LIMITS?
FUNERAL	10e. STREET AND NUMBER					10f. ZIP COC	E			10g. CI	TIZEN OF WI	HAT COUNTRY?
NEF											4.5,	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	T EVER IN U.S. AF								- American Indian, White, etc.		
멸	15. OECEOENT'S EDUCATION (Specify only highest grade completed) 18e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)											
Ë	(Specify only highest grade completed) Elementery/Seconder (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
BE C	17. FATHER'S NAME (First, Middle, Leat) Edward Elary Perkins Sr. MARTINIA Rebinson											
2	19e. INFORMANT'S NAME (Type/Print)	1	19	b. MAILING	ADORESS (Street	t and Numbe	r or Rural	Route Num	ber, City or Tov	vn, State, Zi	p Code)	
	SISAICE PE	+Kins		15/1	Ke	nhill	Au	10	BAK	D. Du	1.2	12/3
	20b. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of campany, crematory or other place) 20b. PLACEAND DATE OF DISPOSITION (Name of campany, crematory or other place)											
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	12/1	170.	22. NAME	AND ADORE	SS OF FA	CILITY	/ Pu	1/12	7	
	DA. + C		11.	>	1			n		1		
	23. PART I. Entar the diseases, or	complications the	t caused the de	ath Dor	Int order the	2-7	Ne	4	ARUL	ine	75	•
	ehock, or heart failure. IMMEDIATE CAUSE (Final	List only ona ceu	ea Dn eech line).	oner tria i	ioua oi uy	nig, auc	n aa can	urac Dr raap	iratory ar	rest,	Approximata interval Batwean Oneat and Daath
	disease or condition Myocardial infarction											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, Anoxic encephalopathy											
ATI	if eny, laeding to immediata cause. Enter UNDERLYING											
임	CAUSE (Diseese or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	reaulting in death) LAST										İ	
												+
DICAL		- contributing to	dadii but ijot i	asulting i	in tha underly	ng causa	given in	Pert I.	24a, WAS AN PERFOI	RMED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
밀								-	1 TYES 2	[™] NO	,	COMPLETION OF CAUSE OF DEATH?
Z								-			'	YES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	44000000			28.	PLACE OF D	EATH (Ch	eck only en	10)			
YSI	1 TYES 2 14 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing He	me 5 🗆 Re	esidence	8 Other	r (Specify)			
F	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF (Month, Da	INJURY sy, Year)	28b. TIMI		JURY AT		28d. OES	CRIBE HOW I	NJURY OC	CUREO	
B	2 Accident Investigation					YES 2] NO			_		
COMPLETED	3 Suicide 8 Could not be determined	building,	F INJURY — At ho etc. (Specify)	me, (erm, s	traet, factory, of	Ice		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				ite Number,
7	29e. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, de	ath occurre	d at the time, de	te end plece	end due	to the ceu	se(e) and ma	aner en etel	lad	
ŏ.	one) 2 MEDICAL EXAMINE	R: On the besie of ex	amination end/or i	investigation	n, in my opinion	death occur	red at the	time, date	end plece, an	d due to th	ne Ceuse(s) e	end menner es atated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		111	-	115	-	INSE NU					donth, Day, Year)
0 0		Car,	1-00	W,	ALP		n/	A		b	11/9	7/92
F	30. NAME AND ADDRESS OF PERSON WH Walter R	o completed caus	D.		Print) o Maryl	and G	ener	al h	ospita	1	//	/ 10
	31. OATE FILED (Month, Day, Ybar)	32, REGISTRAL	R'S SIGNATURE				CHEL		OSPIC	4 J.		
NOV 1 1992 Julie Daniesmo Kandalli												

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending thy siden and completely filled in by the funeral director, page 5 should be detached for use as it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

OHMH-16 Rev 1/89

All and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco

7	_	۵.
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer
F VITAL RECORDS, P.O. BOX 68760,	the law requires that the death certificate be executed within 2	e has been signed by the attending physician and completely i
F VIT	SICIAN: T	certificate

		1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMEN CERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIEN	7 /	2 31610			
	1	1. DECEDENT'S NAME (First, Middle, Last)— ROBIND. F	PULLOM			2. DATE OF DEATH	DAY 8 3	3. TIME OF DEATH 8:43 A M			
D	1	312-70-6732	5. SEX 1 M 2 F 3(ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/21/5		BIPTHPLACE (State or Foreign Country)			
2, 3 should	CTOR	PARCILITY NAME (If not institution, give str FRANCIS SCOTT KEY-	POST ACUTE ALDS	() NOT 96. CI	TOWNLOR LOCATION OF E	DEATH		Y OF DEATH			
TA	DIRECT	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION		-1	10d. INSIDE CITY			
الا		100. STREET AND NUMBER 3807 Ridge		Bak	10f. ZIP CODE		10g. CITIZE	1 YES 2 NO			
020 physician burial-tra	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	(VNO	2/2/3 . WAS DECENDENT OF HISPI If yes, specify Cuben, Mexic	UNIC ORIGIN? (Specify Wash, Puerto Rican, etc.)	14 or No- 14	I. RACE — American Indian, Black, White, etc.			
215-0020 attending physic rse as the burial	ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES	. DECEDENT'S USUAL	1 TYES 2 NO Spec	16b. KIND OF BL	ISINESS/INDIK	Specify: Black			
D 21 spital or ed for u	<u></u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work don life. Do NOT use retired	e during most of working		7011233111233				
YLA by the be det	E COMPL	17. FATHER'S NAME (First, Middle, Last)	llians		151	AME (First, Middle, Maide	Sumame)				
MAR retained 5 should notified	TO B	199. INFORMANT'S NAME (Type/Print)	(19b. MAILING ADDRE	1 2/2/5 New 1 2/2/5						
ORE, s 6 may be ector, page must be		20e_METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		CE AND DATE OF DISPO	0)		OCATION — CH	y or Town, State			
BALTIMO ber death, Page 6 the funeral directo val. il examiner mu		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		NAME AND ADDRESS OF F	H-West	2 /	1			
urs after in by the r remova		23. PART i. Enter the diseases, or co shock, or heart feilure. L	emplications that caused the lat only one cause on each	death. Do not entitle.	er the mode of dying, su)) Wall ch as cerdiac or resp	piratory arres	t, Approximate interval Between			
24 the the		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Preumonial DUE TO (OR AS A CO	?uspina	tion			Onset and Death			
executed within and completely o burial, crema matic event,	NO	Sequentially list conditions, 6.	b. HIV dementia Due to (or as a consequence of):								
certificate be execut ding physician and c hygiene prior to buring r other traumatic	FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c,OUE TO (OR AS A CONSEQUENCE OF):								
rtal i	CERTIFI	resulting in death) LAST									
and the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat the lat th	JICAL	PART II. Other algorificent conditions	contributing to death but n	ot resulting in the	underlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
L MECO law requires that as been signed bept. of Health a 23 shows any	N: MEDI		10			-		OF DEATH? 1 □ YES 2 □ MO			
at the B	PHYSICIAN:		HOSPITAL:	OTHI	26. PLACE OF DEATH (C)	Constitution of the second					
NG PHYSICIA fer this certification with the marked, or		27, MANNER OF DEATH 1 Maturel 6 Pending	28s. DATE OF INJURY (Mooth, Day, Wer)	266. TIME OF MUURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	BLURY OCCUR	MED			
TTENDII TTOR: A after de	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	ctory, office	Name of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o							
12 A 12 =	COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSICI (Chick only one) 2	AM: To the best of my knowledge by the basis of examplation and		time, date and place, and du-						
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If I	BE CO	296. SIGNATURE AND TURNED CERTIFIED	-6	255	29c. LICENSE NU	WBER	29d. DATE S	RONED (Month, Day, Year)			
PEZZ	10	30. NAME AND ADDRESS OF PERSON WHO	11171	(ITEM 27) (Type, Print)	770 02.11	1 0	21'	9.92 40 21205			
		31. DATE FILED (Month, Day, Year)	L 32 REGISTRAR'S SIGNATU		120 Met 10	me Dal	Mmore	40 21205			

9	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL
C	DECEDENT'S NAME (First, Middle, Last)		2. DATE OF

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGI REG.			
	DECEDENT'S NAME (First, Middle, Last) Jerome 4. SOCIAL SECURITY NUMBER	Gassaway	Parke	7	I	2. DATE OF DEATH MONTH 03	92 92	YEAR 1	:30 pm
	216-36-1760 Se. FACILITY NAME (If not institution, give	1½ M 2 □ F	53 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ven 03/16/1	939	Mary I	
RECTOR	Greater Baltimore		ter		Towson	EATH		timor	
ā		timore	10c. CIT	Baltin				-	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	5949 Western Run			101	of what	COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 1 NO	13. WAS DEC		Black, Wh Specify:	Merican Indian, itie, etc.		
LETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Gassaway Pa	arker	Disabil		18. MOTHER'S NA	ME (First, Middle, Ma Haves	iden Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) Carrie Saintilms	2		ADDRESS (Street a	Apt 204				
	20a. METHOD OF DISPOSITION 1 (XBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cerr	PLACE AND DATE	of disposition (No.	1		LOCATION — CI Balto.		
	21. SIGNATURE OF FUNERAL SERVICE LI	L. Russ		Jose 2222	W. Nort	iss Fun e h Ave	BAlto	. MD.	21216
NO	immediate cause (Finel disease or condition resulting in death) Sequentially list conditions,	Approximations that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet Onset and it interval Bet							
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhilated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL	PART II. Other significant condition		g cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		COM OF C	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION OF CAUSE DEATH?] YES 2 NO		
SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 28c. INJ		28d. DESCRIBE HO	W INJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— Al home, farm, ifly)	street, factory, offic		28f. LOCATION (Sti City or Town, S		Rural Route	Number,
OMPLETE		SICIAN: To the best of my know ER: On the basis of examination							menner as stated.
O BE C	296. SIGNATURE AND TITUE OF CERTIFIE	Thomy fel	Ly.		29c. LICENSE NUI	WBER 205		SIGNEO (Mon	nth, Day, Year)
120	GB.	HO COMPLETED CAUSE OF DE		o, Print)					
	NOV 1 2 1992	32 REGISTRAR'S'SIGN	Smole Co						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

ITEMS: 23 PART I,27,28b,d,e,f PER MEO G-693 11/25/92 reb

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI ERTIF					AENT.	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,)							2. DAT	E OF DEATH			3. TIME OF DEATH
	HARDY				POLI	ARI)		MON 1		1 19	992	4:35 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH			PLACE (State or Foreign
	579-56-0782	X M 2 F	47	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	oth, Day, Your)		Country	sh, D.C.
1	9a. FACILITY NAME (If not institution, give	street end number)			9b, CITY	TOWN C	R LOCATI	ON OF DE			9c. COUN		
E .	DEATON HOSPIT	'nλT.					MOR						re City
DIRECTOR	RESIDENCE OF DECEDENT			-	L DE	7111	LPIOI	بد.	_		Dait	. TillOI	te orty
12	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	Wash, D. C.			Wa	shing	gton						1	VES 2 NO
₹	10e. STREET AND NUMBER					100	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	2414 2nd St. N.	Е.					200	02			u	ısa	
15	11. MARITAL STATUS 1 Merried 2 Merried	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	Y				Specify:		ricen, etc.)			y: Black
1		1	I as a										
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	(0	ECEDENT'S Give kind of a. Do NOT u	work done	during mo	ON st of workin	ng	10	b. KIND OF BUS	SINESS/INDI	JSTRY	
1 2	Elementary/Secondary (0-12) 8th	College (1-4 or 5	•)										
M	17. FATHER'S NAME (First, Middle, Last)			мес	hanio	2							
	Clifton Pollar							ary E		Middle, Maiden	Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)	ra_		N. 840 H M10						3	> -		
12			19						loute Nui	mber, City or Tow	n, State, Zip	Code)	
	Mary Polland Same as 10a,b,d,e,f												
	20a. METHOD OF DISPOSITION 1 (X Burial 2 — Cremetton 3 — Removal from State 4 Donation 5 Dother (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of cametery, crematory or other place) 4 Donation 5 Dother (Specify) Autional Mem. Park 11/9/92 Laurel Md												
	21. SIGNATURE OF FUNERAL SERVICE L	ichines M/	Md.	Nat						92 La	urel	Md	
	21. SIGNATURE OF FLUSHERAL GERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 3030 12th Street, NE, Wash, D.C. 2												
	P. Z.				-	3030	12t	h Sti	reet	,NE, W	ash,	D.C.	. 20017
	shock, or heart failure. List only one cause on each line. immediate Cause (Final disease or condition												Approximate interval Between Onset and Death
z	resulting in death) a. HEAD INJURIES WITH COMPLICATIONS DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Nicesee & Internal Cause).												
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL	Ann II. Ottor significant condition	ms contributing to	death but not	resulting	in the un) cause (given in i	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2									_				1 NES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL	I				26 Pt	ACE DE D	EATH (Che	ck onto	nne)			
	EXAMINER? 1 1 YES 2 NO	HOSPITAL:	ER/Ordandina	2 17 004	OTHER	t:							
¥	27. MANNER OF DEATH	28a. DATE OF		28b. TIN		ing Hom- 28c. INJ		esidence (er (Specify)	KIIIII OCC	HOEP	
	1 Natural 5 Pending	(Month, D	ay, Ybar)	IN	JURY	WO	RK?	NO.	_		WAS		CORP.
B	2 Accident Investigation	28e. PLACE O	1985 FINJURY — ALM	OTTO, Jerm.	MN street, fact			110		UBJECT		TEN	
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify)								oute Namber,				
9	29e. CERTIFIER	UNKNOW					_			KNOWN	_		
COMPLETED	(Check only	SICIAN: To the bast of IER: On the basic of e											end manner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
0 8	Honald A. Wr	ight M.D.					0.	C.M.	E.		> 1	1/0	4/1992
2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. DATE FILE OV 1, 102/01992	3 TEGS 6	RIS ACHITY E.	ساليار							,	1	
1 1	1404 17 1905		1										

92 21612

a and an all ser it

1 61 4

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	24 hours after death. Page 6 may be retained by the hospital or attending physician. A found in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not removal.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) DOROTH V Ce	cilia Pat	terson			2. DATE OF DEATH MONTH DAY	YEAR 92	3. TIME OF DEATH 3.40 A M			
	4. SOCIAL SECURITY NUMBER 220-14-5010	1 - M 2 KF	7/ YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-27-21	a. BIRTH Country	IPLACE (State or Foreign			
CTOR	9a. FACILITY NAME (If not institution, give street and number) Fallston Ceneral Hospital Fallston RESIDENCE OF DECEDENT Position of Death Fallston Fallston Fallston										
DIRECTOR	10a. STATE 10b. COUNTY Hars			WHORLOCAT Bel Al				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	190. STREET AND NUMBER			101	21014						
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, spe	ENDENT OF HISPANIC acity Cuban, Mexican, 2 NO Specify:	Specif	14. RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	160. DECEDENT'S USU. (Give kind of work of life. Do NOT use red) DAY CAR	done during mot red.)	on st of working	ployed					
	17. FATHER'S NAME (First, Middle, Lest) Herbert F. N	NYERS				E (First, Middle, Meiden Surnan	10)				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street or	ANNA nd Number or Rural Roo	Beecher The Number, City or Town, State	, Zip Code)				
T	FAMILY RECORDS										
	1 Buriel 2 Cremation 3 Remo	val from State 20b.	PLACE AND DATE OF DIS stery, cremetory or other p ELAIR METY	SPOSITION (National Action)	ardens	VIO/92 BEL A		wn, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Twen		22. NAME AN	D ADDRESS OF FACIL	f Memories		. 21234			
	23. PART I. Enter the diseases, or constant shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on as	the death. Do not e ch line.	ntar tha mod	da of dying, such	ss cardiac or respiratory	srrest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF C										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF OEATH (Check						
PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b, TIME OF	28c. INJU		Other (Specify) 8d. DE\$CRIBE HOW INJURY	OCCURED				
ED BY	2 Accident 5 Pending Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, etc. (Specific	- At home, ferm, street,	M 1 🗆 Y	ES 2 NO	6f. LOCATION (Street end Num City or Town, State)	nber or Rural Ru	oute Number,			
COMPLET	29a. CERTIFIER 1 OERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1004	ler	10	29¢ LICENSE NUMBE		DATE SIGNED				
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)		N 84.	SUTE B	BELA	R.MO.			
	31. DATE FILED (Morith, Day, Year) NOV 1 2 1992	12 DEVISION - AST	Lie	200				2014			

1 - STATE REGISTRAR								
NICOLE	V.				2. DATE OF MONTH	DAY 09	YEAR	
212 90 4535	1 □ M 2 ☑ F 2		MONTHS	DAYS HOURS MIN.	8/2.		Md .	or Foreign
SINAI HOSPITA			2.0			9c. COUN	ITY OF DEATH	
	TY	10c. CITY, TOWN OR LOCATION Baltimore						7
				101. ZIP CODE 21215		1 '		RY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	н	yes, specify Cuben, Mexi	can, Puerto Rica	pecify Yes or No— 1, etc.)	14. RACE — American Black, White, etc. Specify: Black	Indian,
		(Give kind of life. Do NOT u	work done du se retired.)	ring most of working	ĺ			
17. FATHER'S NAME (First, Middle, Last) Louis Powe.	11	Court		18. MOTHER'S	AME (First, Midd			
19a. INFORMANT'S NAME (Type/Print) Shelia Ros	S	19b. MAILING ADDRESS (Street and Number or Paral Floute Number, City or Town, State, Zin						
4 Donation 5 Other (Specify)	noval from State		hedra	al	11/			
21. SIGNATURE OF FUNERAL SERVICE L	- 11	N	Ja	ames A. M	lorton		Md. 21	217
23. PART/1. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. GUNSH	each line.	mo			or respiratory arm	Interv	eximate rai Between t and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с							
PART II. Other significent condition	na contributing to death	erlying cause given i		PERFORMED?	AMAILABLE P	RIOR TO		
25. WAS CASE REFERRED TO MEDICAL	T			28 DI ACE DE DEATH //	Check only one)		1 DVES 2	□ NO
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	tpatient 3 DOA	OTHER:			ecity)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	IN	JURY	WORK?				
a Coultie	28s. PLACE OF INJUR	IY — At home, farm, ecify)	street, factor		281. LOCATIO City or To	DCATION (Street and Number or Rural Route Number, ty or Town, State)		
29a. CERTIFIER	SICIAN: To the best of my know	wledge, death occur	ed at the tim		e to the cause(s) and manner as state	ed.	
	ER: On the basis of examination	on and/or investigati	ation, in my opinion, death occured at the time, data and place, and				29d. DATE SIGNEO (Month, Day, Year)	
		on and/or investigati	он, іп ту орі	29c, LICENSE N		29d. DATE		Year)
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last, NICOLE 4. SOCIAL SECURITY NUMBER 212 90 4535 9a. FACILITY NAME (If not institution, give SINAI HOSPITA RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md. 10a. STATE 10b. COUN Md. 10a. STREET AND NUMBER 2900 Edge Combe 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Louis Powe 19a. INFORMANT'S NAME (Type/Print) Shelia ROS 20a. METHOD OF DISPOSITION 1 Nother Specify 21. SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF FUNERAL SERVICE LAST 1 SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF SIGNATURE OF S	1. DECEDENT'S NAME (First, Middle, Last) NICOLE 4. SOCIAL SECURITY NUMBER 212 90 4535 1	REGISTRAN CERTIFICATION COURT	1. DECEDENT'S NAME (First, Mickin, Last) NICOLE V. 4. SOCIAL SECURITY NUMBER 212 90 4535 90. FACILITY NAME (if not institution, give street and number) 90. CITY. SINAI HOSPITAL NEGIDENCE OF DECEDENT 100. STREET AND NUMBER 2900 Edge COMBE 2900 Edge COMBE 2900 Edge COMBE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ANNED PORCES? 1 VES 25 NO 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ANNED PORCES? 1 VES 25 NO 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ANNED PORCES? 1 NES 25 NO 11. MARITAL STATUS 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) COULT Cled 17. FATHER'S NAME (First, Mickin, Last) LOUIS POWELL 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG ADDRESS (29 NO 19. MALUNG	DECEDENT'S NAME (First, Mixide, Last) NICOLE	CERTIFICATE OF DEATH DECEDENT SAME (FIRST, MAGES, Last) NICOLE V. SOCIAL SCOUNTY NAME (FIRST, MAGES, Last) 1	DECEMBRY NAME (PIPL Microsis Late) NICOLE V. 4. SOCIAL SECURITY NAME (PIPL Microsis Late) NICOLE V. 4. SOCIAL SECURITY NAME (PIPL Microsis Late) NICOLE V. 4. SOCIAL SECURITY NAME (PIPL Microsis Late) NICOLE V. 4. SOCIAL SECURITY NAME (PIPL Microsis Late) NICOLE V. 4. SOCIAL SECURITY NAME (PIPL MICROSIS (PIPL SECURITY NAME) NICOLE SINDAI HOSPITAL SOCIAL SECURITY NAME (PIPL MICROSIS (PIPL SECURITY NAME) NICOLE SINDAI HOSPITAL SOCIAL SECURITY NAME (PIPL MICROSIS (PIPL SECURITY NAME) NICOLE NAME (PIPL MICROSIS (PIPL SECURITY NAME) NICOLE NAME (PIPL MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROSIS (PIPL SECURITY NAME) NICOLE MICROS	DECEMBER SAME FORT AMORE ALLOW NICOLE V. POWELL 1. DATE OF DEATH SECURITY MANUER OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DATE OF DEATH 1. DAT

DHMH-16 Rev 1/89

46	
X 13146	
BOX	
9.	
10	
ő	
5	
L RECORDS, I	
OF VITAL	
10	
Ö	
DIVISION	
_	

ate be executed within 2 moduls after death. Page 6 may be retained by the hospital or attending physician.	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	7 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic event the medical examiner must be notified at once.
retaine	5 shou		nntlfie
may be	or, page		ust he
Page 6	al directo		ner mi
r death.	ne funera	al.	exam
urs afte	in by th	remov	edical
2	/ filled	tion, or	the m
within	npletely	crema	vent
xecuted	and cor	burial,	natic #
te be e	Sician	prior to	train
ertifical	ling phy	ygiene i	other
death	attend	ental H	ייי טיי
at the	by the	and M	or Init
YSICIAN: The law requires that the death certificat	signer	Health	Owe 2
law re	as beer	bept. of	22 ch
N: The	ficate h	State [Harm
HYSICIA	FRAL DIRECTOR: After this certificate has been signed by the	vith the	to be
JING PI	After th	death w	Species .
ATTEN	CTOR	after !	20 10
PITAL OR /	L DIRE	2 hours	T liborn
E	A	7 1	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIFIC	CATE O	F DEATH	RE	G. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH			
1	EVELYN ELIZABETH REED				Nov. 10, 1992			м				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIR			HPLACE (State or Foreign			
	220 1/ 125/ 1 M 2			MONTHS DAY	HOURS MIN.	(Month, Day,		Count				
	220-14-1234				N OR LOCATION OF DE	1-20-1		Mar INTY OF I	ryland			
~	9a, FACILITY NAME (If not institution, give street and num	ber)				EATH						
Ö	901 Dixon Ave.			Syk	sville		Can	ro11	L County			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10a CITY	TOWN OR LO	CATION				10d. INSIDE CITY			
DIRECTOR									LIMITS?			
	Maryland Carroll		Sy	kesvi					1 YES 2 KNO			
₹	10e. STREET AND NUMBER				101. ZIP CODE		10g. Cl	rizen of	WHAT COUNTRY?			
5	901 Dixon Ave. 21784 USA											
FUNERAL	FORCE	S? 1 YES 2			ECENDENT OF HISPAI specify Cuban, Maxics			14. RAC	CE — American Indian, ck, White, etc.			
	IF YES.	GIVE WAR OR DATES	Mo		ES 2 NO Specifi		arts.)	Spec	offy:			
B	3 🖾 Widowed 4 🗌 Divorced								White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			ISUAL OCCUP	ATION most of working	16b. KIND	OF BUSINESS/IN	DUSTRY				
ᄪ		-4 or 5+)	le. Do NOT use	retired.)	most or working				- 1			
릴	8th Grade	He	omemak	er								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Malden Surname)					
	Frederick Peddicord				Mattie	Unknov	m					
H	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING	ADDRESS (Stre	et and Number or Rural			(lo Code)				
2	Mr. Thomas Trautmann				ont Dr. Fi			2104	. ο			
	20a. METHOD OF DISPOSITION				cemetery, crematory or		20c. LOCATION -					
	XX Burial 2 - Cremation 3 - Removal from S	terta other p	place)									
	4 Donation 5 Other (Specify)	Mt. (Olive		ery 11-13		Randa1	stov	vn, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		Lor	ing Byers	Funeral	Direct	ors	Inc.			
	I who K Hard	2 p			Liberty							
	23. PART / Enter the disesses, or complication			_					Approximate			
- 1	ahock, or heart failure. List only o	ne ceuse on each lin	10.						intarval Between Onset and Death			
	iMMEDIATE CAUSE (Final disesse or condition	, 0	0	1	(• 40	4		1/10			
	resulting in death)											
١,	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
F	if eny, leeding to immediate											
5	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
Ē	that initiated events resulting in death) LAST	SUE TO (UN AS A CONSECUENCE OF):										
H	d											
	PART II. Other significant conditions contribu	ting to death but not	resuiting in	n tha under	ying ceuse given in	Part I. 24a.	WAS AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDINGS			
DICAL						1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						_ ' _	TES ZOO NO		DF DEATH?			
ME						—			1 NES 2 NO			
Ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT			OTHER:	L PLACE OF DEATH (C							
YSI		lent 2 - ER/Outpatient		4 - Nursing		6 Other (Spe						
H		DATE OF INJURY (Month, Day, Year)	28b. TIME		INJURY AT WORK?	28d. DESCRIB	E HOW INJURY O	CCUREO				
B	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO							
	B Could not be	PLACE OF INJURY — At i building, atc. (Specify)	home, farm, s	treet, factory,	office	28f. LOCATION City or Tox	(Street and Numl vn, State)	per or Rura	il Route Number,			
COMPLETED	4 Homicide determined	5-26/11-27					- 77-1					
Ľ	29a. CERTIFIER CERTIFYING PHYSICIAN: To th	e best of my knowledge,	death occurre	d at the time,	data and place, and du	a to the cause(a)	and manner as s	tated.				
M	(Check only one) 2 MEDICAL EXAMINER: On the b	asia of axamination and/c	or investigation	n, in my opini	n, death occured at the	e time, data and	place, and due to	the cause	e(a) and manner as stated.			
8	29b. SIGNATURE AND TOTLE OF CERTIFIER	WASTLEPHINE CO.			L co. LIGENGE NI	MAREN	204.0	ATE OLON	ED (Marth Day Mart)			
BE	296, SIGNATURE AND TOTLE OF CERTIFIER	ALIA			29c. LICENSE NU	72 11	29d, D	/I	ED (Month, Day, Year)			
2	200 2000	MO				, , , ,		. 1/	1110			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TEO CAUSE OF OEATH (IT	TEM 27) (Type,	Print)	1-01161	00		Dar	Slave MY			
	Heven Diller	MD	104	16	(Son D	ra		00	Sons			
l l	31. DATE FILEO (Month, Day, Year) NUV 1 2 1992	EGISTRAR'S SIGNATURE	82		U							
	MUATE 1995 4		Acres (September 1997)									

		fied
n		not
age		eq
CLOI, D		nust
		er n
In secal	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
UNE	oval.	9
5	rem	dic
2	0	E
MIII A	tion,	the
ete	гета	int.
5	Il, CI	5
din C	bunia	atic
Clar	or to	AUT
1320	e pri	or th
Bull	ygien	oth
HEIL	西	0
200	Mem	njury
5	and	1
ואוופר	ealth	rs 2
100	of H	shov
do co	Dept	23
Care	State	item
100	the	0
CHIS C	WITH	ked,
1011	eath	mar

								32 3	31616
	1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH		TENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	0			OI DEA		2. DATE OF DEATH		3. TIME OF DEATH
	ELDORA (. KOSIE	0				MONTH		YEAR O IT
	4. SOCIAL SECURITY NUMBER						1100	_ •	92 9:15 PM
	218-09-6868	1 M 2 KF	(In yrs. lest birthdey)		YEAR IF UNDER	MIN.	7. DATE OF BIRTH (Morth, Day, Year)	119	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (II not institution, give	street and number)	ABILITAT	95. CITY, T	OWN OR LOCATI	ON OF DEA	4 / 2 5	9c. COUNT	Y OF DEATH
A E	109 FOREST V	ALLEY DR			REST /	4111	MD 2105	5	HAPERPD
掘	10a. STATE 10b. COUNT			TY, TOWN OR)		THEFUE
先	1	ARFORD		ORES		1			10d. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER	in in in in in in in in in in in in in i		CEL	10f. ZIP CODI	E	-	10a, CITIZE	1 YES 2 NO
FUNERAL	109 FORES	T VALLEY	DR	NE	2	105	0		115A
1 5	11, MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WA	S DECENDENT C	OF HISPANIA	C ORIGIN? (Specify Yes	or No — 1	I. RACE — American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			res, specify Cuba		, Puarto Rican, atc.)		Specify: WHITE
	15. DECEDENT'S EDU	(CATION)							
1 111	(Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done dur	UPATION ring most of working	ng	16b. KIND OF BU	SINESS/INDUS	STRY
COMPLETED	l2 years	College (1-4 or 5+)	MOTEL	1	TAURA	NT /	WER Self	Empl.	a.c.d
O	17. FATHER'S NAME (First, Middle, Last)		1170.00	1 123	18 MOTE	HER'S NAM	E (Einst Middle Maiden	-CIIID TI	byed
U U	THOMAS CH	RISTINE			1	$=m_r$	ME (First, Middle, Maiden	SMĮL	EY
m	19a. INFORMANT'S NAME (Type/Print)	-10110	19b. MAILING	ADDRESS (S			oute Number, City or Tow		X X X X X X X X X X X X X X X X X X X
2	Emma C. Gibson						ltimore, M		
	20a. METHOD OF DISPOSITION XX Buriat 2 ☐ Cremation 3 ☐ Ram	20b	PLACE AND DATE	OF DISPOSITE	ON (Name of		DATE 200 10	CATION - CI	y or Town State
	4 Donation 5 Other (Specify)	Но	lly Hill	.s Memo	orial G	arder	ns 11/11/9	2 Bal	to., Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NA	ME AND ADDRES	SS OF FACE	eral Home		
	Lasselle J	uneral H	em 5				Rd. Balto	. Md	21236
	23. PART I. Enter the diseases, or	complications that caused	the deeth. Do	not enter th	e mode of dyl	ing, such	as cardisc or respi	retory srres	t, Approximate
	immediate cause (Fine)	List only one cause on e	ech line.						Interval Between Onset and Death
	disesse or condition resulting in death)	· Rule	A-10	as	- e- X				10.
	SHOOT NO.	QUE TO (OR AS A	CONSEQUENCE O	n:	1				
Z	Sequentially list conditions,	a (0	PD						
E	if sny, lesding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE O	F):					
5	CAUSE (Disease or Injury	C	CONSCIUSION OF						
ERTIFICATION	that initiated eventa resulting in death) LAST	OUE TO (OH AS A	CONSEQUENCE O	F):					
E		d							
A.	PART II. Other significant condition	a contributing to death be	ut not resulting	in the unde	eriying cause g	jiven in Pa			24b. WERE AUTOPSY FINDINGS
EDICAL	deme	he					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
ME									1 YES 2 NO
ä									10.124
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	,HOSPITAL:			26. PLACE OF DE	EATH (Checi	k only one)		
XS	1 TES 2 NO	1 Inpatient 2 ER/Outp	etlant 3 🗆 DOA	OTHER:	g Home 5 🗆 Re	sidenca 6	Other (Specify)		
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a, OATE OF INJURY (Month, Day, Year)	28b. TIM	URY	c. INJURY AT WORK?	2	28d. DESCRIBE HOW I	NJURY OCCUP	RED
B	2 Accident Investigation	20 21 222 22 21 21			1 YES 2	NO			
9	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, term,	street, factory.	, offica	1	28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
TEI I	29a. CERTIFIER AVCEPTIEVING BUYER	CIAN. Y. M. J							
COMPL	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the bast of my knowlers: On the basis of axamination	eage, death occum	ed at the time	, data and placa,	and due to	the cause(s) and man	ner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE			my opin					
BE	De _ O S .				29c. LICE	NSE NUMB		29d. DATE S	IGNEO (Month, Day, Year)
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) /5/me	Print)	D	355	-99	- 111	1.157

David Dunn M. D.

31. DATE FILED (Month, Day, Year)

NOV 12 1992 •

1311 Belair Rd. Be
32. REGISTRAR'S SIGNATURE

Gulia Davidson Rondell Bel Air Md. 21014 (879-0859)

DHMH-16 Rev 1/89

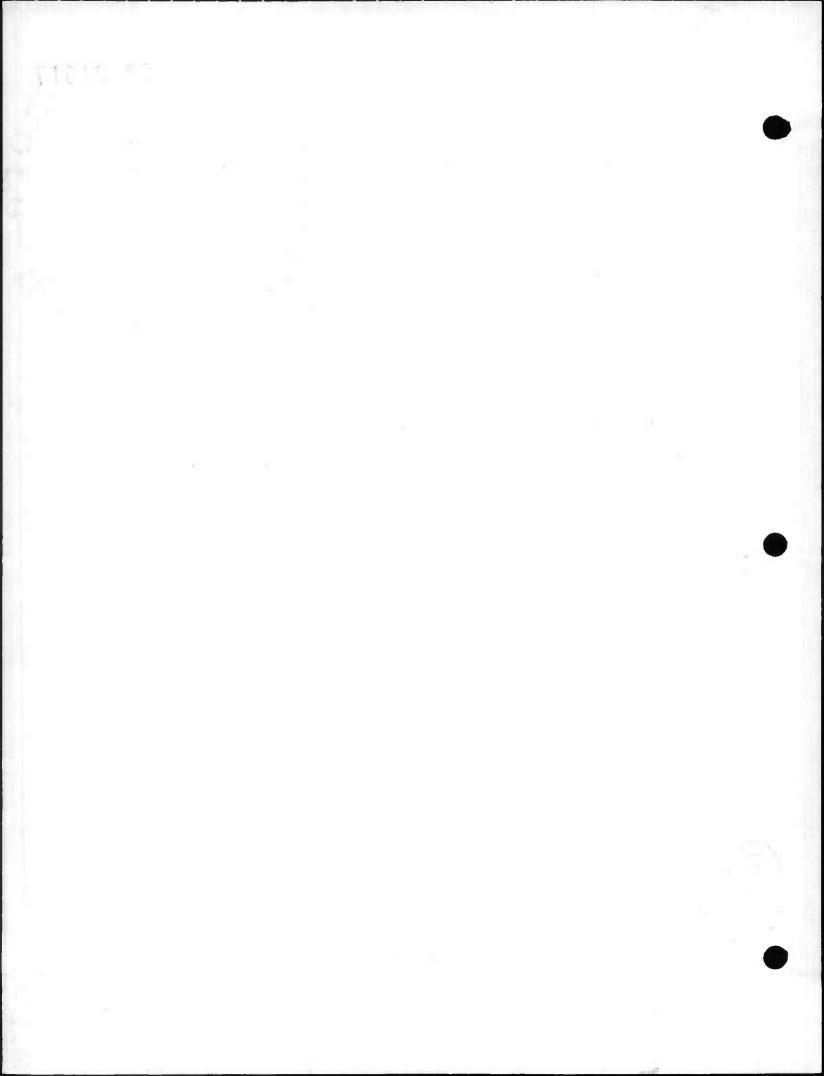
YOM

0	
2	
8	
I	
2	
2	
-	
N	
=	
4	
>	
Œ	
4	
3	
_	
ш	
α	
0	,
5	
=	1
Η.	
7	
4	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	3 sho		
	c.		
	The CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.		
	Dermit.		
'n.	ransit		
hysicia	urial-t		
d Gulb	the b		
r atten	use as		
pital o	of be		
ne hos	fetache		
t by th	d be		
etained	shoul		****
y be r	Sage 5		
6 ma	ector, 1		
Page	ral dir		
r death	He fune	al F	
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n by th	remov	All and
4 hou	filled in	30, or	1
rithin 2	letely	remati	
w betu	comp	irial, c	
e exec	an and	r to bu	
cate b	physicia	e prior	
certifi	ding ;	Hygien	-44
death	atten	ental	
at the	by th	and M	111
ires th	signed	Health	-
w requ	peen	H. of	A
The la	te has	ate De	-
CIAN:	ertifica	the St	41
PHYS	this c	E S	4
DING	After	death.	-
OR ATTENDIN	ECTOR	s after	
A OR	BIO	- hour	
C	ğ	mili	١
3	₹	2	į

				92	2 31617
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		HYGIENE REG. NO.	0.0.,
1	1. DECEDENT'S NAME (First, Middle, Last)	Rocks	2. DATE O	OF DEATH	3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER	Month,	Day: Year)	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give	1 SUM 2 F A J LA YRS.	28	9c. COUNTY	manylind
CTOR	BALTI MOVE RESIDENCE OF DECEDENT	Co Gen. HOSP. KANDA	1/slow	· N	OT DEATH /
DIREC	Mary Jan	10c. CITY, TOWN OR LOCATION	tours	,	10d. INSIDE CITY LIMITS? 1 4 TES 2 NO
FUNERAL	100. STREET AND NUMBER	101. ZIP CODE	100	10g. CITIZEN	OF WHAT COUNTRY?
S. S.	11. MARITAL STATUS	12. WAS DECEDENT BYEN'N U.S. ARMED 13. WAS DECENDENT OF FORCES? 1 DYES 2 MO 14 WAS DECENDENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	F HISPANIC ORIGIN?	(Specify Yes or No.— 14.	RACE — American Indian,
Æ	1 Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES 1 YES 2 13-180	p, Mexican, Puerto Ri Specify:	Ican, etc.)	Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	(CATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +)	16b. l	KIND OF BUSINESS/INDUST	RY
E COMPL	17. FATHER'S, NAME (Fight, Middle, Uset)	Rook < 18. MOTH	IER'S NAME (First, Mi	iddle, Maldon Surgame)	0.
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number	or Rury Round Number	w, City or Yown, State/Zip Cod	101000
	20s. METHOD OF DISPOSITION 1 (F World 2 Cremation 3 Rea	20b. PLACE AND DATE OF DISPOSITION (Name of Days of the place)	DATE	20c. LOCATION - CRY	or Town, State
	4 Denation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	MITCAIUAYU C	B OF FEBRUTY	FUNER	N Home
	* XOSIA	L. Kuss 2332 W	Nort	+ Ave BA	1/2 md 21216
avent, me meeter	23. PART/I. Enter the diseases, or shock, or freat feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that caused the death. Do not enter the mode of dylin List only one cause on each line.	ng, such as cardl	ac or respiratory arrest	Approximata interval Between Onset and Death
NO	Sequentially list conditions,	b			
ICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	с			
RTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
2	PART II. Other algnificant condition	as contributing to deeth but not resulting in the underlying cause g	iven in Part i.	24a. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
MEDICAL	Ancenia			PERFORMED? 1 YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Hapothyr	0: Whsm			1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		EATH (Check only one))	
HYSIC	1 YES 2 HO 27. MANNER OF DEATH	HOSPITAL: 1 2 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Ref			
7	1 Natural 5 Pending	28a. DATE OF INJURY 28b. TIME OF 28c. NJURY AT WORK? 1		CRIBE HOW INJURY OCCUR	EO
TED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)	281. LOCAT	TION (Street and Number or F r Town, State)	ilural Route Number,
ш		ICIAN: To the best of my knowledge, death occurred at the time, data and place,			
COMPL		R: On the basis of examination and/or investigation, in my opinion, death occurs	ed at the time, date a		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	o Mitswell Mo J	NSE NUMBER 36876	29d. DATE SH	GNED (Month, Day, Year)
. Jane	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	t.mox (bunty be	we rall thoso
41	31. DATE PILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE			₹



1	-	- 294	100
r	0	4	*
8.1	ON!	ട	ୀୟ
	a	私	26
7	a	CN	28
	1	"S.	38
٧.	S	- 28	W.
٦	₩.	æ	7
	œ	-14	- 8
	-	6	-
	N	-	ē
	0	-5	D
	_	S	9
	Z	2	3
	d	60	33
		5	ō
	_	>	2
	~	0	_
	Œ	2	꼭
	d	ē.	호
	2	23	S
	2	2	40
		0	90
	ш	7	80
	~	6	0
	=	E	8
	0	9	품
	Ē	9	
	~	Š	ö
		σ.	765
	σ.	÷.	9
	_	a	5
	⋖	ŏ	-
	m	6	4
	_	=	_
		00	5
		2	5
4		8	73
		=	9
4		24	Œ
•		=	20
	-	7	3
	0	둫	품
	9	-	1
	-	8	8
	00	5	ĕ
	9	ĕ	E
	•	8	10
	2	9	2
	0		S
	m	#	8
		2	5
	$\dot{}$	ē	0
	Ų	60	5
	n'	=	8
	_	ES.	110
	10	9	50
	97	90	9
		5	=
	œ	-	5
	$\overline{}$	1	P
	9	60	8
	O	e 5	0
	III	5	S
	~	8	5
	4	-	8
		*	50
	7		Sa
	4	2	-
	-	-	ate
		ž	5
	_	4	Ē
м	la.	2	9
	$\overline{}$	85	
-	ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 212 5-0020	I	first this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
	~	٩	-
	-	5	9
	\sim	400	4

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

										92	31618
	1 - STATE REGISTRAR	STATE OF N			TMENT OF			MENTAL HYGIE REG. N	-		
3	1. DECEDENT'S NAME (First, Middle, Last)					, DEA		2. DATE OF DEATH			3. TIME OF DEATH
		David	A. Sewe	ell					O	1992	4:45 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	A IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign
8	374-14-8852	1 [X] M 2 [F	73	YRS.	MONTHS DAY	B HOURS	MIN.	(Month, Day, Year) 3-8-191	9	Count	S. C
- 0	9a. FACILITY NAME (If not institution, give at	treet end number)			9b. CITY, TOV	N OR LOCATI	ON OF DE			UNTY OF E	DEATH
8	University Hos	pital			Balti	more					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
1 2 2	Md Md				Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			Ba	ltimor						1 YES 2 NO
FUNERAL					l l	101. ZIP COD			10g. CI		WHAT COUNTRY?
Ä	836 W. Vine Str						2120			US	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1/ IF YES, GIVE W		MED NO	If yes	DECENDENT (, specify Cubi YES 2 X NO	n, Mexica	HC ORIGIN? (Specify Y n, Puerto Rican, etc.)	es or No	14. RACI Blac Spec	E — American Indian, k, White, etc. :://y: Black
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF B	USINESS/II	NOUSTRY	Drack
i ii	Elementary/Secondary (0-12)	College (1-4 or 5) Itla	. Do NOT us	vork done during e retired.)	most of world	10				
I de	12th		Plu	ımmer	Se1fEr	nplove	d				
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maide)	
ш	David A. S ewell					I	sabe	lla Fran	klin		
10 B	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
	Clifton Lewis			836	Vilne	e Stre	et	Baltimore	, Md	2120	1
	20s, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remo	oval from State	20b. PLACE cometery cre	AND DATE O	TOres	Name of St Vet	eran	11592 OW	ocation -	- City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE, CIC	ENSEE //			22. NAMI	AND ADDRE	SS OF FA	CILITY	90		13, 114
	/aiba Lella	h-Kett	w			arch F 00 Waba					
	23 PART I. Enter the diseeses, or o shock, or heert fellure. I	complications the List only one ceu	t caused the de se on each line	eath. Do n	ot enter the	mode of dy	ing, suc	h as cardiec or res	piratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final				1	0					Onset and Death
	disease or condition resulting in death)	DUE TO	n Art	ey	di Sh	451					
o O	Sequentially list conditions,	DUE TO	OR AS A CONSE	Can C	26						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			- 0							
F	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSE	QUENCE OF):).					1
E	resulting in death) LAST		ectro mei		//	1550Cla	hom				
2							-				
EDICAL	PART II. Other significant condition	s contributing to	deeth but not r	resulting i	n the underl	ying cause	given in		RMED?	Y 24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ME									1		OF DEATH?
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	PLACE OF D	EATH (Ch	ack only one)			
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing I	lome 5 🗆 Re	sidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. OATE OF (Month, D		28b. TIMI	E OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
ВУ	Natural 5 Pending 2 Accident Investigation	(YES 2] NO				
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, s	treet, factory, o	ffice		281. LOCATION (Street City or Town, State	end Numb	er or Rural I	Route Number,
F	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge 4	oth core	ed and other attention	late and		A. Ab			
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE										e) and manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICI	ENSE NUM	MBER	29d. D/	ATE SIGNED	(Month, Day, Year)
B	More h	M	D						•	10/3	5/92

land

United of A

12 REGISTERS SIGNATURE

While Davidson

Wook Kim V 1 2 1992

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	pinou
	62 69
	. 2,
	908
	8
	H.
	E .
an.	rans
Sici	Tal
60	2
Jain	S
atte	Se
10	D TO
spita	ped
e bo	etacl
y th	id be detached for use as the burial-
pg p	2
stain	Sho
90	9
may	director, page 5 should t
9	ector
30	ai dir
ath.	9
op Je	al al
affe	by D
HOUR	completely filled in by the fun rial, cremation, or removal.
54	file ion,
thi	etely
N P	l, cre
ccte	d co
900	to t
ie b	iding physician and completely Hygiene prior to burial, crematif
ifical	是是
Ser.	t ding
eath	atte
he d	Me the
hat t	ned by the attending
les t	gne
ednii	en s
J ME	s be
IVSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy	is certificate has been signed by the attentifit the State Dept. of Health and Mental if
N.	Stat
SICIA	certi
3	S E

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	st)	CENTIF	ICATE OF	DLAIII	2. DATE OF DE	G. NO.	3 '	TIME OF DEAT	Н.
	TERENCE ROO	CHE				MONTH ±±		YEAR	9:40	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	тн і	. BIRTHPLA	CE (State or Fo	-
	155 07 3613	3 1 M 2 D F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day. 04/0		NEW.	Serser	,
	9a. FACILITY NAME (If not institution, gir	ve street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH		_
5	GREATER RAD	TTTMORE MED	TCAL CE	NTER	TOWSON		BAL	TIMO	RE	
DIRECTOR	10a. STATE 10b. COU		toc. CIT	Y, TOWN OR LOCA	TION			10d	I. INSIDE CITY	-
	PA STI	EWARTSTOWN	P	CHASYLI	AINAV			1 [LIMITS?	N
FUNERAL	10e. STREET AND NUMBER			10	1. ZIP CODE				COUNTRY?	
NE	RD1 BOX1709	9 FORREST R			17363			JSA		_
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPA ecity Cuban, Mexico	n, Puerto Rican,		Black, WI	American India hite, etc.	MT.
BY	3 Widowed 4 Divorced	WWIL	DATES	1 U YES	2 NO Specif	y:		Specify:	e	
	15. OECEDENT'S E (Specify only highest gr		(Give kind of	USUAL OCCUPATION		16b. KIND	OF BUSINESS/INDU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)		1 105 1	ER BRO	ther:	5	
N N	17. FATHER'S NAME (First, Middle, Last)		FACTORY	Worker	18. MOTHER'S NA			411001		_
C		Roche			N. A.	rast, mioois,	1 4 4	OFM		
0	19a. INFORMANT'S NAME (Type/Print)	ICC IIC	19b. MAILING	ADDRESS (Street a			or Town, State, Zip C	Code)		-
5	Family Recor	ds								
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 R	20	b. PLACE AND DATE	OF DISPOSITION (Na	ame of	OATE	20c. LOCATION CI	ity or Town,	State	_
Ì	4 Donation 5 Other (Specify)	B	ELAIR M			1/12/62	BELAI	RIN	Nd.	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	S Chape S Harson	OF Me	maries			
	Kebent US	Trovest		900	JUNICAL	01112	1160.			
	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition	or complications that cause re. List only one cause on	each iine.	not enter the mo	ode of dying, suc	h sa cardiac o			Approxim Interval B Onset and	at
LIFICATION	ahock, or heart failured in the condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. FIFCTROM DUE TO (OR AS C.	each iine.	AL $DISS$	ode of dying, suc	h sa cardiac o			Approxim Interval B	at
AL CERTIFICATION	ahock, or heart failured immediate cause. Enter Under the cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause. Enter Under Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Union Cause Un	a. FLECTROM DUE TO (OR AS b. ACUTE MI DUE TO (OR AS c. OUE TO (OR AS	ECHANIC A CONSEQUENCE O A CONSEQUENCE O	AL DISS 타: 타:	ode of dying, suc	h sa cardiac o		mt,	Approxim Interval B	at et
MEDICAL	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. FLECTROM DUE TO (OR AS b. ACUTE MI DUE TO (OR AS c. OUE TO (OR AS	ECHANIC A CONSEQUENCE O A CONSEQUENCE O	AL DISS 타: 타:	ode of dying, suc	A T I O N	r reepiratory arre	24b. WEI AMA	Approxim Interval B Onset and	et de la la la la la la la la la la la la la
MEDICAL	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ELECTROM DUE TO (OR AS b. ACUTE MT DUE TO (OR AS c. OUE TO (OR AS d. Itione contributing to deeth	ECHANIC A CONSEQUENCE O A CONSEQUENCE O	AL DISS P: P: In the underlyin	ode of dying, suc	Part I. 24e.	r reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepiratory arre- reepirator	24b. WEI AMA	Approxim Interval B Onset and Onset and RE AUTOPSY FI ILABLE PRIOR OF G DEATH?	et de la la la la la la la la la la la la la
MEDICAL	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. FLECTROM DUE TO (OR AS b. ACUTE MI DUE TO (OR AS c. OUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 ER/Ou	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting	ALDISS P: F: OTHER:	g cause given in	Part I. 24a.	MAS AN AUTOPSY PERFORMED? YES 2 □ NO	24b. WEI AMA COUNTY OF	Approxim Interval B Onset and Onset and RE AUTOPSY FI ILABLE PRIOR OF G DEATH?	at et
PHYSICIAN: MEDICAL	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	a. FLECTROM DUE TO (OR AS b. ACUTE MI DUE TO (OR AS c. OUE TO (OR AS d. HOSPITAL:	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting	ALDISS FI: In the underlyin 26. Pi OTHER: 4 Nursing Hon AE OF 28c. IN. WC	g cause given in	Part I. 24a.	MAS AN AUTOPSY PERFORMED? YES 2 \(\square\) NO	24b. WEI AMA COUNTY OF	Approxim Interval B Onset and Onset and RE AUTOPSY FI ILABLE PRIOR OF G DEATH?	at of
BY PHYSICIAN: MEDICAL	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate 2 Accident	a. ELECTROM DUE TO (OR AS b. ACUTE MI DUE TO (OR AS c. OUE TO (OR AS d. UIOne contributing to deeth HOSPITAL: 1 □ Inpatient 2 □ ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting	AL DISS FI: The underlyin 26. Pi OTHER: 4 Nursing Hon JURY M 1	g cause given in LACE OF DEATH (CF DURY AT THE STATE OF NO	Part I. 24a. 1	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WELL	Approxim Interval B Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset	at of
ED BY PHYSICIAN: MEDICAL	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. ELECTROM DUE TO (OR AS b. ACUTE MT DUE TO (OR AS c. OUE TO (OR AS d. Itone contributing to deeth HOSPITAL: 1 Inpatient 2 ER/Ou 2ee. DATE OF INJURY (Month, Day, Year) be 28e. PLACE OF INJURY (Month, Day, Year)	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting tpettent 3 □ DOA 296. Till IN	AL DISS FI: The underlyin 26. Pi OTHER: 4 Nursing Hon JURY M 1	g cause given in LACE OF DEATH (CF DURY AT THE STATE OF NO	Part I. 24a. 1	MAS AN AUTOPSY PERFORMED? YES 2 \(\text{NO}\) HOW INJURY OCCU	24b. WELL	Approxim Interval B Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset	all of the second
ETED BY PHYSICIAN: MEDICAL	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate 3 Suicide e Could not detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PH	a. ELECTROM DUE TO (OR AS b. ACUTE MT DUE TO (OR AS c. OUE TO (OR AS d. Itone contributing to deeth HOSPITAL: 1 Inpatient 2 ER/Ou 2ee. DATE OF INJURY (Month, Day, Year) be 28e. PLACE OF INJURY (Month, Day, Year)	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting tpatient 3 □ DOA 28b. Tile IN IY — At home, ferm, ecity)	A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D	g cause given in	Part I. 24a. 1 ON Part I. 24a. 1 OTHER (Spec 28d. DESCRIBE 2er. LOCATION City or Touri	MAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number on, State)	24b. WEI AMACOO OF 1 [Approximinterval B Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset a	at of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate 3 Suicide e Could not detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PH	a. ELECTROM DUE TO (OR AS b. ACUTE MT DUE TO (OR AS c. OUE TO (OR AS d. UTS MT HOSPITAL: 1 Inpatient 2 ER/OU 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 18 PLACE OF INJURY (Month, Day, Year) 19 PUBLICAN: To the best of my known in the continuer.	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting tpatient 3 □ DOA 28b. Tile IN IY — At home, ferm, ecity)	A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D I S S A L D	g cause given in	Part I. 24e. Part I. 24e. 1 City or Row to the cause(s) of time, date and p	NAS AN AUTOPSY PERFORMED? YES 2 NO Sity) HOW INJURY OCCU	24b. WEI AMA COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL OF THE COOL	Approximinterval B Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset a	at of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
A L	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. ELECTROM DUE TO (OR AS b. ACUTE MI DUE TO (OR AS c. OUE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS d. UIDE TO (OR AS	ECHANIC A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O but not resulting tpatient 3 □ DOA 28b. Till IN IY — At home, ferm, ecity) wiedge, death occur on and/or investigate	ALDISS FI: FI: OTHER: 4 Nursing Hon AE OF JURY M 1 street, factory, officered at the time, data on, in my opinion, of	g cause given in LACE OF OEATH (C) TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE 2 NO TO SHE	Part I. 24e. Part I. 24e. 1 City or Row to the cause(s) of time, date and p	NAS AN AUTOPSY PERFORMED? YES 2 NO Sity) HOW INJURY OCCU	24b. WELL 24b. WELL AMA COMP 1 [IRED F Fural Flouts d. csuse(s) and	Approximinterval B Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset a	at of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of

...

6.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE MISSIMAL OR MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNETAL CHIECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	The milkin 72 mounts when death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	8	*	量
pric.	#	8	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH BEG NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ASHLEY 10:00 P M RUDOLPH 11 1992 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 XF 13 218-15-7162 YRS. Aug. 20. 1979 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baldwin 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f ZID CODE 10g. CITIZEN OF WHAT COUNTRY? 13612 Brookline Road 21013 USA 11. MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: 8 3 Widowed 4 Divorced White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Paul A. Rudolph Bonnie P. Farrell **BE** 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Paul A. Rudolph 13612 Brookline Road Baldwin, Maryland 21013 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Yown, State DATE 20s. BirThO or Normation 3 □ Removal from State
1 □ Burtal 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Dohar (Specify) Entombrient Dulaney Valley Mausoleum 11/12/92 Baltimore Maryland 21. SIGNATURE OF FUNCTAL SERVICE LICENSE 23. PART I. Enter the diseases. Complications that caused the des shock, or heart fallian. List only one cause on each line. Ruck Towson Funeral Home, Inc. 1050 York Rd omplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): . Javenile 6 years Malianal Pulmonary
Due to for as a consequence of: Hyperkision for 3days 3 days PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 - YES 2 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: Inpetient 2 - ER/Outpetient 3 - DOA OTHER: ne 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 5 Pending Investigation 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Ratherine L. Hooking MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J8595 11-9-93 F 28 F 414TA 2

600 N Wolfe St

Pellinge HD

という

Center-

OV 12 4992

Johns

Julia Devidon-Randall

- 60	
0	
(0)	
68760,	
-	
∞	
10	
_	
\sim	
\sim	
BOX	
$\mathbf{\circ}$	
ന	
P.0	
$\overline{}$	
•.	
<u>п</u>	
40	
(1)	
\circ	
00	
RECORDS,	
$^{\circ}$	
$\overline{}$	
0	
111	
ш	
00	
-	
_	
⋖	
_	
OF VITAL	
11	
=	
О.	
_	
7	
4	
0	
0	
_	
<u> </u>	
-	

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF						GIENE		
		1. DECEDENT'S NAME (First, Middle, Lest) Vivienne I. Roe	dder		•				2. DATE OF DE	EATH -1992	YEAR	3. TIME OF DEATH 6:30 A M
		220-38-6073	1 □ M 2XX 7	(In yrs. lest birthday) 9 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BI	913	Mar	HPLACE (State or Foreign
2, 3 should	стов	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT							UNTY OF I	imore		
t. Pages 1,	DIREC	100. STATE 10b. COUNTY Md. Balt	imore		y, town on indal		ON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. ansit permit.	FUNERAL	829 Loalan Ave.					ZIP CODE				S.A.	WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3/2 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 📉 NO	H	yes, spec	city Cubar		n, Puerto Rican,	etc.)	Blac	E — American Indian, ik, White, etc.
LAND 21215-0 the hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	usual occ work done du se retired.)	ring most	t of workin	ø	1	of Business/ii		
2 2 2 E	BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew J. Har	е			T			ME (First, Middle,	Maiden Surname, Sweeti		
MA s retain 5 sho	5	19a. INFORMANT'S NAME (Type/Print) Roberta Norto								y or Town, State, ; , Baldy		Md. 21013
Fe 6 mar rector, p		20a, METHOD OF DISPOSITION 1-1 Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	S	petery, crematory or o	ther place) leart	of	Je	sus	11-	9-92		own, Stata 21222 .to., Md./
death death		21. SIGNATURE OF FUNERAL SERVICE LICE	R. Phil	lip STa 00550	ack ^{22.™} 21	Bra	ADDRES ADDRES	Y-A IOW	shton Spri	Funer	al E Dunc	lome, Inc.
within 24 hours after nipletely filled in by the cremation, or removal vent, the medical		23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that cause ist only one cause on a	d the death. Do i	mot enter ti	ne mod	le of dyl			or respiratory a		Approximate interval Between Onset and Death
U.S., P.O. BOX 68/16 the death certificate be executed in the attending physician and comit of Mental Hygiene prior to burial, of Injury, or other traumatic ev	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A	A CONSEQUENCE OF	-	/						muth
Z # & & >	MEDICAL	PART II. Other significant conditions	contributing to deeth t	out not resulting	in the und	erlying	ceuse g	jiven in I		WAS AN AUTOPS PERFORMED? YES 2 NO	241	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: T N: T State State	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:				6 Other (Spe	c/hv)		
NG PHYSICIA fer this certif auth with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		8c. INJU WOR	RY AT			E HOW INJURY O	CCURED	
R ATTENDING F RECTOR: After Urs after death mm 28 is mar	ETED 8	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, cify)	street, factor	y, office			28f. LOCATION City or Tow	(Street and Numb m, State)	er or Rural	Route Number,

31. DATE FILED (Month, Day, Year)

32. MEGISTRAR'S SALINDES

nysician	urial-tra		
ing ph	the bu		
puette	Se 35		
al or	for us		
Pospit	ched		6
the	deta		OUC
Š	ă		H
i. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trai		item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be	page		peq
9 ш	ctor.		nust
Page	dire		101
death.	funeral		xamin
after	y the	TOVA	cal
OULS	fin b	or rer	Dem
L +2	/ filled	tion,	the
withIn	mpleteh	state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
cuted	DO P	urial,	lle e
exe	an	to b	E
te be	Sicial	prior	trau
Tifica	o phy	ene	ther
h cer	ulpu	Hyd	0 70
deat	e atte	enta	II)
the	y th	2	Ξ
that	d ber	th ar	any
Juires	Sign	Hea	OWS
W rec	peer	x. of	£ 8
(G)	has	å	123
E	cate	tate	ten

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law requi

ms certificate h

Affect

DIRECTOR: /

6

marked

.#

22

MPORTANT: If Item

permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR GREGORY SIMMONS 11 07 992 11:38 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 F 216-72-2655 32 YRS. 4-9-60 MD Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3200 BLK ROUNDVIEW RD. BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X X ES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 718 DEACON HILL COURT 21225 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leo G. Simmons BE Irene Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shelley A. Simmons 718 Deacon Hill Ct./Baltimore, MD 21225 20a. METHOD OF UTS

1 V Burlal 2 Cremation 3 1

4 Donation 5 Other (Specify) METHOD OF DISPOSITION

Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Cemetery 11/12 Randallstown, Cedar MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH F.H./1101 E. NORTH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO DES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Nother (Specify) | SCENE 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) OUN D 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 11:30 P 5 Pending Investigation 1 YES 2 NO ВУ SUBJECT SHOT & STABBED 2 Accident 3 Suicide
4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 3200 BLK ROUNDVIEW FIELD 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(s) and manner as stated, 2XXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 2 11-08-1992 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ME. 111 Penn Street, Baltimore, Maryland 2120 32. REGISTRAR'S SIGNATURE NOV 12 1992

filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on, or removal.

and completely fi burial, cremation

the attending physician and Mental Hyglene prior to buri

Health and

this certificate has been with the State Dept. of it

death \

DIRECTOR: After thours after death

1 -

	3
	200
60,	THE OR STREET, SAN PROPERTY WAS ALL ASSESSMENT AND ASSESSMENT OF SAN PARTY OF SAN PARTY OF SAN PARTY.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Section of the second
X	1
ĕ	444
o.	
0	440
S	4
2	44 44
9	4
ž	and and and
-	1
F	-
5	MA A PA
O	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:
Z	0141
S	CITY CALL
2	000
	į

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BETTY YEAR 92 PAULINE SAULS 8.00 AM 11 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 244-05-8759 1 M 2 KF 120 23 Ν. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Baltimore DIRECTOR RESIDENCE OF DECEDENT 19c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD Baltimore 1 X YES 2 | NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 600 Light Street 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, apacity Cuben, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 8 Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Factory Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Willie Newton notified at Amanda BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town Street, Zip Code) Baltimore 190. INFORMANT'S NAME (Type/Print) 8 Duke of Windsor Ct. Apt. t-1/MD 21207 Essie Redd 9 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Ren
4 Donation 6 Other (Specify) examiner must Mount Zion Cemetery Lansdowne, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE medical 23. PART I. Enter the diseases, or complications that eached the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock. Dr heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) Aut Respiraty y
Due to (or as a consequence of): Failure or other traumatic event, Phermonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Cerebro vasculor accident COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Diabetes Hellitus. 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) TYES 2 NO 1X Inpetient 2 ER/Outpetient 3 DOA 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigat M 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 ls I 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide Het 29e. CERTIFIER

(Chack policy)

1 **CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) aballero M.D. 92. ▶ 11 7 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YURI CABALLERO HHC 3001 SOUTH HONOUER ST BALTIMORE, MD. 31. DATE FILED (Month, Day, Year)
NOV 1 2 1992 July DEMOSTRAT'S SYNATURE

AVE

1	21215-0020
	MARYLAND
	IMORI

0,
376
(68
BOX
. P.O.
RDS
RECORD
VITAL B
OF V
NOIS
DIVISION
~

	Should		
	2.3		
	e detached for use as the burial-transit permit, Pages 1, 2, 3		
	rmit. P		
	isit pe		
Sician.	ial-trar		
ynd br	he bur		
ttendir	e as t		
al or a	for us		
hospit	ached		
y the	be det		-
ined t	hould		Politi
be reta	3e 5 s		9000
may	tor, pa		tine h
Page 6	direc		
leath.	funera		- lamb
uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ind completely filled in by the funeral director, page 5 should be de	moval.	faal a
hours	ed in	or re	- Common
hin 24	tely fill	nation	the sheet
ed with	ompie	al, crer	-
aw requires that the death certificate be executed	and c	o buria	madla
ite be	ysician	prior t	· Bennese
ertifica	ing ph	giene	achon
leath c	attend	mtal Hy	40
it the c	by the	nd Me	Inlan
res tha	igned	eafth a	ne on
v requi	been s	t. of H	ohou
The lav	e has	te Dep	22 m
JAN: 1	rtificat	he Star	or ite
PHYSIC	this ce	hin 72 hours after death with the State Dept. of Health and M	and the marked or from 22 shows any injury or other transmists are madical available as another must be notified at account
DING	After	death	-
ATTEN	CTOR:	s after	1 86
SPITAL OR AT	L DIRE	1 hours	Titam.
SPITT	EFA	前 7	100

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) EDITH	SMITH			2. DATE OF DEATH	92	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219-76-5561			UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8-11-28			BIRTHPLACE (State or Foreign Country) MD			
TOR	9a. FACILITY NAME (If not institution, give s 1303 N. BROADW		9	BALTIMORE			Y OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	Υ	227	TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 \(\frac{1}{3} \) YES 2 \(\) NO					
FUNERAL	100. STREET AND NUMBER 1303 N. BROADWAY		101. ZIP CODE 21213	10g. CITIZEN OF WHAT COUNTRY? U.S.A.						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	N U.S. ARMED	13. WAS DECENDENT OF H If yes, specify Cuben, M	SPANIC ORIGIN? (Specify) exican, Puerto Rican, etc.) specify:		- 14. RACE American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION completed) Coffege (1-4 or 5+)	Ille. Do NOT use i	k done during most of worlding etired.)	166. KIND OF BUSINESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last)		DISA		S NAME (First, Middle, Maide	on Surname)				
TO BE	PHILANDA SMITH 19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or F		own, State, Zip Co	ode)			
	GLORIA SMITH 20. METHOD OF DISPOSITION 1 & Burlet 2 Cremetton 3 Rem		. PLACE AND DATE OF netary, crematory or othe	r place)		21213 OCATION — CIT	y or Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C.MARCH F.H./1101 E. NORTH AVE.									
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition — List only one cause on each line.									
z	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
	PART II. Other significent condition	d	ust not resulting in	the underlyles source slive	to Bart I Law was	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
: MEDICAL				and underlying cause give		DRMED?	240. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATI	(Check only one)					
НУЗ	1 YES 2 NO 27. MANNER OF DEATH	nce 6 Other (Specify) 28d. DESCRIBE HOV	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED							
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28a, PLACE OF INJURY	- At home, ferm, str	M 1 YES 2 NO						
ETED	4 Homicide determined		8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as st										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER									
10	P. K. Bose, M.D.			N. BROADWAY	RAITIMODE	MADUTAS	m 21221			
	NOV 12 1992	32. REGISTRAR'S SIGN	WHILE.	DIONDINAL	DULL TLIOKE !	LINK I PAL	AD 51521			

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be field within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5	2	75
pe	pin	Pe
retair	5 sho	Inter
Pe /	age	90
E	tor, p	TES.
ge 6	direct	E
97	lena	nin
deat	fun a	еха
after	by the	ca
OUTS	in t	ned
24 h	filler ion.	9
ithin	letely	H,
w per	al. cr	84
xecul	and	atic
90	cian or to	Jine.
cate	physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical phy	or to
ertif	ling y	등
ath	thenchar tal H	, 0
he de	Wen a	- File
hat ti	and and	my i
res t	igne	23
requi	of H	how
W.	as be	23 \$
The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal periods within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremanion, or removal.	tem
CIAN	ertification in the S	6
HYSI	his c	cod,
NG P	fter t	mar
ENDI	R: A	.00
ATT	ECTO aff	n 28
O. OR	Pour	Hen
PITAL	PAL C	=======================================
HOS	FUNE	M
표	出	Š
2	2 2	Ξ

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.												
9	1. DECEDENT'S NAME (First, Middle, Last)		OZIIII IOAI E O			2. DATE			TE OF DEATH			TIME OF DEATH	
	RAYMOND		HARRY			SMITH R		11 09 19		92	11:11 A M		
	4. SOCIAL SECURITY NUMBER 212-58-0592	5. SEX	6. AGE (In yrs. lest bin	thday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE O	BIRTH 3 - 50		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		7.		9b. CITY.	TOWN C	PR LOCATIO	N OF DE		. 3 - 3 0	السيا	Md DUNTY OF DEATH	
OR .	SAINT AGNES HO	SPITAL					10RE				00.000		
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10	ne CIT	Y, TOWN O								
DIRECTOR	MD				ALTI						10d. INSIDE CITY LIMITS? 1 Y YES 2 NO		
	10s, STREET AND NUMBER			101. ZIP CODE					10g. CITI		T COUNTRY?		
FUNERAL	3925 McDOWELL			21227						USA			
B	11. MARITAL STATUS 1 \(\) Never Married 2 \(\) Married 3 \(\) Widowed 4 \(\) Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO AR OR DATES)	it it	yes, spe		ı, Mexicar	n, Puerto Rk	(Specify Yes can, etc.)	or No-	14. RACE — Black, W Specify:	American Indian, Thite, etc. BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 0 t h		16a. DECED (Give k life. Do	and of v	vork done d se retired.)	luring mo	st of working		16b. I	UNO OF BUS	INESS/IND	USTRY	
NO	17. FATHER'S NAME (First, Middle, Last)		1. 0						ME (First, Mic	ddle, Maiden	Sumama)		
BEC	RAYMOND H. SMI	TH SR.					DOR	ROTH	Y TA	YLOR			
5	BRENDA LANE		19b. M. 3 9		M C D			or Rural R		City or Town		212	27
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	206. PLACE AND					EM.	11-13-			City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	^		22.1	NAME AN	D ADDRES	S OF FAC	YTUR				
	psech 1	sunlis	-		4	300	WAE	BASH	ALF	IOME - BA	LTO.	MD	21215
							Approximate Interval Between Onset and Death						
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
FICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A CONSEQUE	NCE OF	n.						_		
CERTIFICATION	resulting In death) LAST	d											
SPI	PART II. Other significant condition	s contributing to d	death but not resu	Iting I	n the un	derlying	cause g	lven in i	Part I.	4a. WAS AN			RE AUTOPSY FINDINGS
PHYSICIAN: MEDIC										YES 2	2 NO COMPL OF DE		MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? X1X YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 1	204	OTHER	:			ock only one)				
Ě	27. MANNER OF DEATH	28a. DATE OF II	NJURY 28	b. TIM			_	idence	6 Other (JURY OCC	URED	
Investigation 1/09/1992 11:11 am 1 YES XX NO DRIVER IN AUTO/								JTO/	AUTO				
	3 Suicide 8 Could not be 4 Homicide determined						City or TowHSINGHWAY #695 INNER						
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and du Both Course of the course of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
29c. LICENSE NUMBER O C M F.								29d. DATE SIGNED (Month, Day, Year)					
	MARIOT GOLL	O COMPLETED CAUSE	20.0			tre			timo	re	Mars	land	21201
	NOV 12 1992	32. REGISTRAR Julia Davida	rs signature		÷								
	APA O												DHMH-18 Rev 1/89

31. DATE FILED (Month, Day, Year)

1992 9

22. REGISTRAR'S SIGNATURE

Mandelle

which beindown

ITEMS: 23 PART I,27,28a,b,c,d,e,f PER MEO G-693 11/19/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 92 MELVIN SIMPKINS 06 12:50 PM. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign BA 216-86-9421 1 2.M 2 🗌 F been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at, of Health and Mental Hygiene prior to burial, cremation, or removal. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 2601 OF GREENMOUNT AVE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY imort 1 YES 2 NO 10f. ZIP CODE WHAT COUNTRY? 10g. CITIZEN OF 33 rurs after death. Page 6 may be retained by the hospital or attending physician. 12. YAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 70 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, BALTIMORE, MARYLAND 21215-0020 1 Partitiver Married If yes, specify Cuban; Mexican, Pu 1 1 YES 2 190 Specify: 2 Marri IF YES, GIVE WAR OR DATES BY 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most .ills. Do MOT case method.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) be notified at once. 8 2 METHOD OF DISPOSITION Must ertet 2 🗆 n 3 🗆 on 5 Other (Specify) examiner RE OF FUNERAL SERVICE LICENSES medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition resulting in death) . NARCOTIC INTOXICATION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? has been signed by a Dept. of Health and T 23 shows any Ir 1 YES 2 INO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? DISECTOR: After this certificate ha hours after death with the State D Item 28 is marked, or Item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 G Residence 6 10 Other (Specify) IN WOODS 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investige BY FOUND: 11/6/9 1 YES 2 XX NO UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, FOUND: City or Town, State) 2601 GREENMOUNT AVE. (REAF 3 Suicide COMPLETED 6 XXCould not be THE FUNERAL DIPECTOR: filed within 72 hours after FORTANT: If Item 28 Is 4 Homicide FOUND: IN WOODS 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TAL 2 $\boxed{\chi}$ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. ATURE AND TITLE OF CERTIFIE S 2 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ▶ 11-07-1992 2 M HO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland

OHMH-16 Rev 1/89

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within BOX 68760, DIVISION OF VITAL RECORDS, P.O.

the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo s has been signed by the attent e Dept. of Health and Mental H m 23 shows any injury, or

DIRECTOR: After the hours after death v

92 31627 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH ECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARIE ELIZABETH SPANN YEAR E Marie 10:25 A.M Jann 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 018-14-7004 1 M 2 V F YRS. 04/28 Massachusetts 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT Towson, Maryland Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore, MD 21234 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 8437 Water Oak Road 21234 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 X NO Specify: BY Specify: White 3 ₩ Widowed 4 Divorced W.W. 11 COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) High School Graduate Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE John S. Murray Mary Buchanan 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)
8437 Water Oak Road Baltimore, MD 21234 2 awrence R Spann 9 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 C
4 Departion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Dulaney Valley Memorial Gar.]]/ 4/92 Baltimore Co., MD 22. NAME AND ADDRESS OF FACILITY
James F. Burnside, III, CFSP examiner 3106 North Wind Road Baltimore, MD 2]234 medicai 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) 11/3 9/21 Varian traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO r this certificate has h with the State De arked, or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Matural M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide BE COMPLETED 8 Could not be 28 4 Homicide III Item 29e. CERTIFIER

(Check any 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 296. SIGNATURE AND TITLE OF/CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 11/11/92 9

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTRAB'S SIGN

BALTIMORE, MARYLAND 21215-0020 WSION OF VITAL RECORDS, P.O. BOX 68760,

LTO. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attention with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IIDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

								9	2 3	1628
	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	RTMENT OF H		MENTA	L HYGIEN	E	<u></u> 0	1020
	1. DECEDENT'S NAME (First, Middle, Last) MASON	н.		SCH	TEV	2. DATE	OF DEATH	AY Y	3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)		IF UNDER 24 HRS.	7 DATE	OF BIRTH		BIRTHPLACE (OO A M
	234-38-7514	1 2-M 2 F	la la YRS.	MONTHS DAYS	HOURS MIN.	(Mont	h, Day, Year) -/8-/		Country)	li valai
	Sa. FACILITY NAME (If not institution, give stre		w ya		OR LOCATION OF D	EATH	10 1		Y OF DEATH	rginin
СТОВ	2311 W.LAFAYETT	E AVE		BALTI	MORE CI	[TY				
ш	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	TION				10d. INS	SIDE CITY
DIR	Maryland		1	Allin	ore					MTS? ES 2 NO
FUNERAL	100. STREET AND NUMBER 23//W. LA.	quetto	Ave.	10	212/1	6		10g. CITIZE	N OF WHAT CO	UNTINY?
S	11. MARITAL STATUS	WAS DECEDENT EN	FR IN U.S. ARMED YES 2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGI	N7 (Specify Yes	or No — 14	I. RACE — Amer Black, White.	rican Indian,
B	1 Never Married 2 Warried 3 Wildowed 4 Divorced	IF YES, GIVE WAR			2 AM Speci		recent, etc.)		8/120	K
ETED.	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (8-12)	NTION ompleted) College (1-4 or 5+)	His. DECEDENT'S	USUAL OCCUPATION work done during more retired.)	ON of of working	160	KIND OF BU	SINESS/INDUS	тич	
COMPL	17. FATHER'S NAME (First, Micros, Last)	2.7			18. MOTHER'S NA	AME (First.)	Affect file. Affection	Simone		
BE C	HARVEY U	11/115			KA	6	14	//		
TO 8	DRS IREDO	Schley	23/	ADDRESS (Street	nd Nymber or Famil	Roote Num	Designation of the	Ball	Gad	21211
	20s, METHOD OF DISPOSITION 1 D-Surtal 2 Cremetion 3 Remov	at from State	20b. PLACE AND DATE		me of 1	DAT	E 20s. LO	CATION — CIT	y or Town, State	7215
	4 Donation S C Other (Specify)		CATTO	02 101	ES/(0)	197	16	0/10	6.	md.
	21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE D	10/	22. HAME AI	O ADDRESS OF FI	1960 Z	SSF	we.	rp/11	2 well
	yosiph .	x. Ku		230:	2W.N.	27/	B 4	De. 6	plan	2/2/2/
	23. FART I. Enter the diseases, or co shock, or heart failure. LI IMMEDIATE CAUSE (Final	implications that ca lat only one cause (on each line.	not enter the mo	de of dying, suc	ch as can	diac or resp	iratory arres	e l Ai	
	disease or condition	Arterios OUE TO (OR	clerotic	Cardi			Disea		in	pproximate terval Between nset and Death
ERTIFICATION	disease or condition	DUE TO (OR	AS A CONSEQUENCE O	PF):			Disea		in	tervai Between
CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE O	PF):	ovascul	ar	24s. WAS AN	S.C.	In Or	terval Between neet and Death UTOPSY FINDINGS
CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	PF):	ovascul	ar		AJTOPSY	24b. WERE AL	UTOPSY FINDINGS LE PRIOR TO: TION OF CAUSE
CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	PF):	ovascul	ar	24e. WAS AN PERFO!	AJTOPSY	24b. WERE AI AMALAB COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO: TION OF CAUSE
CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR	AS A CONSEQUENCE O	마): 타: in the underlyin	ovascu]	ar	24a. WAS AN PERFOI 1 TYPES 1	AUTOPSY MMED?	24b. WERE AI AMALAB COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE TH?
CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR	AS A CONSEQUENCE O	in the underlying	OVASCU]	Part i.	24a. WAS AN PERFOI 1 VES 2 INQ	AUTOPSY MMED?	24b. WERE AI AMALAB COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE TH?
PHYSICIAN: MEDICAL CE	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 🗌 NO 27. MANNER OF DEATH	DUE TO (OR DUE TO (OR COntributing to dea	AS A CONSEQUENCE Of the but not resulting	26. PI OTHER: 4 □ Nursing Hom	g cause given in	Part i.	24a. WAS AN PERFOI 1 VES 2 INQ	AUTOPSY MED?	24b. WERE AI MAILAB COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE TH?
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH	DUE TO (OR DUE TO (OR COntributing to dea HOSPITAL: Inpetient 2 ER 28a. DATE OF INJII (Month, Day, Y	AS A CONSEQUENCE Of the but not resulting //Outpetlent 3 DOA URY 28b. Till IN.	26. PI OTHER: 4 Nursing Hom ME OF 28c. INJ URY M 1	Cause given in ACE OF DEATH (Cr. 5 💆 Residence URY AT RK? (ES 2 🗌 NO	Part i.	24e. WAS AN PERFOI	AUTOPSY MMED? XIMO UIRY	24b. WERE AI AMALABICOMPLE OF DEAT 1 U YE	UTOPSY FINDINGS LE PRIOR TO THY THY TOPSY FINDINGS LE PRIOR TO THY THY THY THY THY THY THY THY THY THY
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 27. MANNER OF DEATH Notural 5 Pending	DUE TO (OR DUE TO (OR COntributing to dea HOSPITAL: Inpetient 2 ER 28a. DATE OF INJII (Month, Day, Y	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	26. PI OTHER: 4 Nursing Hom ME OF 28c. INJ URY M 1	Cause given in ACE OF DEATH (Cr. 5 💆 Residence URY AT RK? (ES 2 🗌 NO	Part i.	24e. WAS AN PERFOI	AUTOPSY MMED? X MO U I RY NJURY OCCUI	24b. WERE AI MAILAB COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO THY THY TOPSY FINDINGS LE PRIOR TO THY THY THY THY THY THY THY THY THY THY
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ※ YES 2 NO 27. MANNER OF DEATH 1 ※ YES 2 NO 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ※ YES 2 NO 29. MANNER OF DEATH 20 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (OR DUE TO (OR DUE TO (OR CONTributing to dea HOSPITAL: Inpetient 2	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	26. PF): In the underlying 26. PT OTHER: 4 Nursing Hom AE OF UNITY NO 1 Street, factory, officered at the time, determine, determine, determine, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the	CALL OF DEATH (CALL) ACE OF DEATH (CALL) 5 X Residence URY AT RIK? CES 2 NO end place, and due	Part i. 6 Other 28d, Det	24a. WAS AN PERFORM 1 VES 2 INQ 1 INQ 1 (Specify) SCRIBE HOW I	AUTOPSY MAED? XHO UIRY ANJURY OCCUP And Number or	24b. WERE AI AMALLAB COMPLE OF DEAT 1 VE	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE IN? S 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CEI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only 1 CERTIFYING PHYSICI	DUE TO (OR DUE TO (OR DUE TO (OR CONTributing to dea HOSPITAL: Inpetient 2	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	26. PF): In the underlying 26. PT OTHER: 4 Nursing Hom AE OF UNITY NO 1 Street, factory, officered at the time, determine, determine, determine, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the time, determine of the	CALL OF DEATH (CALL) ACE OF DEATH (CALL) 5 X Residence URY AT RIK? CES 2 NO end place, and due	Part i. 6 Othe 28d, DE: 201. LOC City	24a. WAS AN PERFORM 1 VES 2 INQ 1 INQ 1 (Specify) SCRIBE HOW I	AUTOPSY MMED? XIMO UIRY NJURY OCCUP and Number or	24b. WERE AI AMALLAB COMPLE OF DEAT 1 VE	UTOPSY FINDINGS LE PRIOR TO TITION OF CAUSE IN? IS 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only Onle) 2 XMEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR DUE TO (OR DUE TO (OR CONTributing to dea MOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ (Mornin, Day, Ye 28a. PLACE OF INJ building, etc. AN: To the best of my Con the beste of exami	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	in the underlying 26. Pt OTHER: 4 Nursing Hom AE OF 28c. INJ JURY WC M 1 1 1 street, factory, officered at the time, dete	acause given in ACE OF DEATH (C) 5 X Residence URY AT RK7 (ES 2 NO end place, and due eath occured at the	Part i. 6 Other 28d, DEt 28t, LOC City to to the case time, date	24a. WAS AN PERFORM 1 VES 2 INQ 1 INQ 1 (Specify) SCRIBE HOW I	AUTOPSY MAED? X MO UIRY ANJURY OCCUP And Number or and Number or 29d. DATE S	24b. WERE AN AMALAND COMPLE OF DEAT 1 VE	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE IN? IS 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CEI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH Whetural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR CONTRIBUTING TO dea	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	26. PF): 27	ACE OF DEATH (C) 5 \$\times \text{Residence} \text{UNY AT } \text{VES } 2 \square \text{NO} \text{NO} \text{end place, and due eath occured at the } \text{29c, LICENSE NU}	Part i. 6 Othe 28d. Des 28t. LOC City a time, date	24a. WAS AN PERFOR 1 YES 2 I N Q 16) 16 (Specify) SCRIBE HOW I CATION (Street or Yown, State) use(e) and many and place, and	AUTOPSY IMED? X NO UIRY NJURY OCCUP There as stated, did due to the c 29d. DATE S 1.1.	24b. WERE AMARLAND COMPLE OF DEAT 1 VE	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE IN? IS 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 27. MANNER OF DEATH 1 × YES 2 NO 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 × YES 2 NO 29. CERTIFIER (Check only one) 24 × MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Check only one) 24 × MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER CHECK ONLY ONE) 24 × MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER CHECK ONLY ONE) 24 × MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER CHECK ONLY ONE) 30. NAME AND ADDRESS OF PERSON WHO DONALD G WRIGH 31. DATE FILED (Month, Diex, Year)	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR CONTRIBUTING TO dea	AS A CONSEQUENCE OF DEATH (ITEM 27) (Type 111 Pen SIGNATURE	26. PF): 27	ACE OF DEATH (C) 5 \$\times \text{Residence} \text{UNY AT } \text{VES } 2 \square \text{NO} \text{NO} \text{end place, and due eath occured at the } \text{29c, LICENSE NU}	Part i. 6 Othe 28d. Des 28t. LOC City a time, date	24a. WAS AN PERFOR 1 YES 2 I N Q 16) 16 (Specify) SCRIBE HOW I CATION (Street or Yown, State) use(e) and many and place, and	AUTOPSY IMED? X NO UIRY NJURY OCCUP There as stated, did due to the c 29d. DATE S 1.1.	24b. WERE AMARLAND COMPLE OF DEAT 1 VE	UTOPSY FINDINGS LE PRIOR TO TITON OF CAUSE IN? IS 2 NO

DHMH-16 Rev 1/89

12-1

	Ì
_	
	١
0	ľ
26	ŀ
00	
9	
×	
0	ì
m	
_	į
0	
0	
-	Ì
RECORDS, P.O. BOX 68760,	ŀ
	į
œ	
\overline{C}	
ö	
2	í
~	
_	
닞	í
2	ì
	ľ
>	ĺ
L	١
\overline{a}	ľ
0	ļ
Z	ŀ
0	
75	ŝ
37	
>	
DIVISION OF VITAL	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
	į

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Elijebeth	L.	Som	mers	MONTH DAY	1992	2:00 PM
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH	IPLACE (State or Foreign
	494-14-1659	1 M 2 KF	72 YRS. MON	THE DAYS HOURS MIN.		20 0	Souri
~	9a. FACILITY NAME (If not institution, give at	· 11		CITY, TOWN OR LOCATION OF D	EATH 9	e. COUNTY OF O	EATH
5	RESIDENCE OF DECEDENT	20th DATIS	PITAL	GALTIMORE			
<u> </u>	10a. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
DIRECTOR	MARYLAND BAI	Timore	PA	RKVILL			1 TES 2 NO
M	100. STREET AND NUMBER	0		10f. ZIP CODE	10	g. CITIZEN OF V	WHAT COUNTRY?
FUNERAL	1912 KDW00			2123	4	0.5.	Α.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	an, Puerto Rican, etc.)		E — American Indian, k, White, atc.
À	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 TYES ON Specif	fy:	Spec	Hill
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USU		16b. KIND OF BUSINE	SS/INDUSTRY	21112
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti				
MP	12 782		HT HO	me			
	17. FATHER'S NAME (First, Middle, Last)	22/9m		18. MOTHER'S N	AME (First, Middle, Maiden Sun	name)	
BE	19a. INFORMANT'S NAME (Type/Print)	1.1277	19h MAILING ADD	RESS (Street and Number or Rural	Boute Mumber City or Foun S	The Code	
2	- \ \ \	2090	ζο.		OVE	(ato, 210 Code)	
	20e, METHOD OF DISPOSITION	200	PLACE AND DATE OF DE	POCITION (Name of	DATE 20g. LOCAT	ION — City or To	own, State
	4 Donation 5 Other (Specify)	Sval from State	petery cremetory or other of	METERY	152 PARK	ا علات	PARY AND
	21. SIGNOTURE OF FUNERAL SERVICE LIC	ENSEE	0.00	22. NAME AND ADDRESS OF F	CEUTY COMO	225	
	166 TX	ans of		8800 HARFOR	20 Roan -F	Bakva	1.5
	23. PART I. Entar the diseases, Dr o	complications that cause List only pre-cause on e	the death, Do not e	nter the mode of dying, aud	ch es cardiac or respirati	ory arrest,	Approximate
	IMMEDIATE CAUSE (Final	•	-0	- /			Interval Between Onset and Death
	disease or condition resulting in death)	· Myou	rdialed	Infacti	in		4 hrs
_							(4)
Š	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS /	tension				1 2
8	cause, Enter UNDERLYING CAUSE (Disease or Injury	· Ventri	Cular s	akhy cords	<u>`</u>		1 4
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	,			
CERTIFICATION		d					
AL	PART II. Other significant condition	a contributing to deeth b	out not resulting in th	e underlying cause given in	Part I. 24s. WAS AN AUT		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 TYES 2 18		COMPLETION OF CAUSE OF DEATH?
¥							1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	r					
2	EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C/			
¥	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	28b. TIME OF	Nursing Home 5 Residence	6 ☐ Other (Specify) 26d. DESCRIBE HOW INJU	BY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	YRULNI	WORK? M 1 YES 2 NO			
D 8Y	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, street	, factory, offica	28t. LOCATION (Street and City or Town, State)	Number or Rural F	Route Number,
COMPLETED	4 Homicide determined				ony or rown, ordinary		
립				the time, date and place, and du			
ğ	one) 2 MEDICAL EXAMINE	R: On the basis of exemination	n and/or investigation, in	my opinion, death occured at the	time, data and place, and de	us to the cause(s	a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NU	MBER 29	d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF THE	ATH STEP OR CO.			11-	11-92
	C. S. H	661 Lo		an Blud			1.0
	31. DATE FILED (Month, Day, Year)	D 1 32 ASQISTRAR'S SIGN	ATURE-	1320-0	•		
	NOV_1 12 19929 29	hulle Davidson-Ra	ndelle				



92 31630

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AND I	MENTAL HYGIEN REG. NO.		31630
	1. DECEDENT'S NAME (First, Middle, Last)	Ann (M. Cl.) 5	11.6-	2. DATE OF DEATH MONTH DA	- 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. las	st birthday) IF UND	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIF	RTHPLACE (State or Foreign untry)
	90. FACILITY NAME (If not institution, give st	met and number)	YRS.	TY, TOWN OR LOCATION OF DE	12-20-	09 B	ALTO, MD.
DIRECTOR	CROFTON N RESIDENCE OF DECEDENT	"URSING HO,	ME	CROFTOI	7	ANNE	F ARUNDUSE
	MARYLAND BY	ALTO. CO.	10c. CITY, TOWN	OR LOCATION EXVIVED			10d. INSIDE CITY LIMITS? 1 YES 2 AND
FUNERAL	2808 ON	YX ROAD		101. ZIP CODE	4	10g. CITIZEN O	S A
FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. AF	NO 1	3. WAS DECENDENT OF HISPAI If yes, specify Culture, Mexico	in, Puerto Ricen, atc.)	or No — 14. R	ACE — American Indian, Jack, White, sta
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 VES 2 NO Specif	y:	2	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery(Secondery (0-12)	completed) (G	ECEDENT'S USUAL Bive kind of work don Do NOT use retired	e during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	Υ
MPL	8	- /	OME	MAKER	-		
00 =	17. FATHER'S NAME (First, Middle, Last)	Mc GLONE		16. MOTHER'S NA	ME (First, Middle, Melden	Sumemo)	INS
TO BE	19e. INFORMANT'S NAME (Type/Print)		_	SS (Street and Number or Rural	Route Number, City or Tow		
_	20e. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION	Wame of sometery, crematory or	77/50 (CATION — City or	r Town, State
	1 Buriel 2 Cremetton 3 Remo	oval from State	ENM	OUNT CE	m. Bi	4270	. C177, ma
	21. SIGNATURE OF PUNERAL SERVICE LIC	1 f. g	air i	2. NAME AND ADDRESS OF FA	HIBES.	of	MEMORIE
	23. PART I. Enter the diseases, or of shock, or heart failure.	implications that caused the di	eath. Do not ant	ar tha mode of dying, suc	ch as cardiac or resp	Iratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	DCHVDPATT	DA(-	SEPSIS			Onset and Death
	resulting in daath)	DUE TO (OR AS A CONSE		J47 JE. J			21/11/
ON	Sequentially list conditions,	b. AUCED DUE TO (OR AS A CONSE	DEMEL	MIA			YKS
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury						
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
	PART II. Other significant condition	a contributing to death but not	resulting in the	underlying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL	RIGHT UPPER	LOBE MASS-	- PROP	ABZY CARCIN	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC							1 TYES 2 TNO
AN	25. WAS CASE REFERRED TO MEDICAL			/ 26. PLACE OF DEATH (C	heck only one)		
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	3 □ DOA 4 🖾 1	ER: lursing Home 5 - Residence	6 Other (Specify)		
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	D
ED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, f		281. LOCATION (Street City or Town, Stete		iral Route Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge, d	leath occurred at th	e time, date end plecs, and du	s to the cause(e) and me	onner ee stated.	
OME	cool only	ER: On the basic of examination and/or					se(e) end menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	atta la	ad\	29c. LICENSE NU	MBER /	29d. DATE SIGN	NED (Month, Day, Year)
5	30: NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (IT:	EM 27) (Type, Print)	1000	104	-///	1170
	BARRY ROY NAT	HANSON M.D.	2200	DEFENSE H	WY CROPF	ON 1	nD 21114
	NOV 1 2 1992	The Brand Con The Port of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the	5			,	



Deste .

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

us after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	removal.	edical examiner must be notified at once.	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND	MENTA	L HYGIENE REG. NO.	22 31631
1. DECEDENT'S NAME (First, Middle, Last)				OF DEATH	3. TIME OF DEATH
MARGARET L. SCH	AAFER			MONTI	DAY T	9 TA 3 A
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. BIRTHPLACE (State or Foreign
212-26-4490 Se. FACILITY NAME (If not institution, give	1 - M 27 - F 8.	5 YRS.	THE DAYS HOURS MIN.	DULY	26,1907	MARYLAND
501 LaCOSTA CIRC		96.	WESTMINSTER	DEATH	1000	OUNTY OF DEATH ARROLL
RESIDENCE OF DECEDENT 10s. STATE 10b. COUN	TY	10c CITY TO	WN OR LOCATION			
MARYLAND		100. 0111, 10	BALTIMORE			10d. INSIDE CITY LIMITS? Y YES 2 HO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. C	CITIZEN DF WHAT COUNTRY?
1210 CLEVELANI	STREET		21230			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 ND	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify	can, Puerto I		14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S USU	AL OCCUPATION	16b	. KIND OF BUSINESS/	INDUSTRY
Elementary/Secondary (0-12) HIGH/SCHOOL	College (1-4 or 5+)	life. Do NOT use ret	done during most of working ired.)			
17. FATHER'S NAME (First, Middle, Last)		11011		AME (First I	Middle, Maiden Sumame	9)
EDWARD REED					WALLRING	-7
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street and Number or Rura			Zip Code)
WILLIAM J. SCHAI	FER		LEVELAND STREE			
20a. METHOD OF DISPOSITION 1	moval from State cen	PLACE AND DATE OF DI netery, cremetory or other p		DAT	- 17	— City or Town, State RIDGE
21. SIGNATURE OF FUNERIAL SERVICE L		DOWNIDGE	22. NAME AND ADDRESS OF F		/II ELK	KIDGE
11111	21 11	/	HUBBARD FUNEI			ORE, MD. 21229
disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury that Initiated events resulting in death) LAST	DUE TO JOR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	I HEA	N	DISEA	SE GMO
	d					
PART II. Other significant condition	/	A () .	e underlying cause given in	n Part i.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 ND	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. PLACE OF DEATH (C	Check only on	0)	
1 TYES 2 ND	1 Inpetient 2 I ER/Outs	petient 3 DOA 4 D	Nursing Home 6 Presidence	6 🗆 Othe	r (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 ND	26d. DES	CRIBE HOW INJURY	OCCURED
3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec	- At home, farm, atreet	, lectory, office		ATION (Street and Num or Town, State)	ber or Rural Route Number,
			the time, date and place, and du my opinion, death occured at th			stated. o the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CHITIFI	gl-		29c. LICENSE NU			DATE SIGNED IMONAL ON MANY
30. NAME AND ADDRESS OF PERSONAL	HOO, 10	XNN	PLN JT.	, UA	non Bs	YOUR MOZI
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE				
NOV 1 2 1992	Julia Tainten	Mandall.				DHMH-16 Rev

Supplemental States of VIII

-
œ
68760
-
00
w
100
•
~
\sim
BOX
\sim
-
ш
-"
0
$\mathbf{\circ}$
_
-
ď.
DS,
0,
-
-
LL.
RECO
\sim
$\mathbf{\circ}$
4.5
()
\sim
0.00
ш
-
-
-
=
-
Section 1
14
-
()
~
-
-
-
\cup
_
(n)
~/
-
-
_
-
DIVISION

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		NTAL HYGIEN		
	J.	1. DECEDENT'S NAME (First, Middle, Last) Saul		Sc	hwar	tz	DATE OF DEATH	R7.198	3. TIME OF DEATH 12.50Pm
밀	8	4. SOCIAL SECURITY NUMBER 178-03-5036	¥ M 2 □ F 90	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Morith, Day, Year) 6/01/190	2 NE	BIRTHPLACE (State or Foreign Country) W YORK
2, 3 should	стов	96. FACILITY NAME (If not institution, give st MILFORD MANOR NUR			PIKESV	OR LOCATION OF DEATH	Н	BALTIM	OF DEATH IORE
ft. Pages 1,	DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY PENNSYLVANIA MONT	GOMERY		y, town of loca TSTOWN	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
n. ansit permit.	IERAL	100. STREET AND NUMBER 616 N. EVANS ST.			10	19464		10g. CITIZEN USA	OF WHAT COUNTRY?
215-0020 attending physician. se as the burla-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, or	CENDENT OF HISPANIC pecify Cuben, Mexican, F. S. NO. Specify:			RACE — American Indian, Black, White, etc.
2121 al or atte for use a	IPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the life. Do NOT us ACCOUNT		ON ost of working	ACCOUNT		RY
YLA by the be der	E COMPL	17. FATHER'S NAME (First, Middle, Lest) HYMAN SCHWARTZ				18. MOTHER'S NAME JENNIE			
E, MAR y be retained yage 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) MR.LYNDELL SCHWART	Z			end Number or Rural Rout T CROSS DR		wn, State, Zip Cod	21209
AORE e 6 may rector, pa		20a. METHOD OF DISPOSITION V 1 Burlal 2 Cremation 3 Remoted Donation 5 Other (Specify)		PLACE AND DATE etery, crematory or o MERCY AN	ther place) D TRUTH	11/10/	92 P	OCATION — CHY OTTSTOV	
ALT death. funera		21. SIGNATURE OF FUNERAL SERVICE LIC	Sevin	000	SOL L	NO ADDRESS OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACILIES OF FACI	BROS., I		MD 21215
within 24 hours at pletely filled in by cremation, or remorement, the medical control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con		23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pro5	ech line.	(CAR			interval Between
DX 687 be executed clan and con for to burial, raumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	£	CONSEQUENCE OF					
S, P.O. Brideath certificate attending physiental Hygiene pridental Hygiene pridenty, or other tr	CERTIF	that initiated events resulting in death) LAST	1	W RE	3	-ZHEIM	CEN'S	DEME	NIA
0 £2 -	FDICAL	PART II. Other algorificant condition	a contributing to death be		In the underlyin		rt I. 24a. WAS AN PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
TEC TEQUIE Benn sign C of Hea	AN: M	SHUPERTENSI	BSTRUCTO	VE PL	AR DI	DRY JIS	3293		OF DEATH?
事情報	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	HOSPITAL: 1 Inputient 2 ER/Output	etient 3 DOA	OTHER:	LACE OF DEATH (Check			
NG PHYSICIAN ther this certification with the Simarked, or II	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.		M. DESCRIBE HOW	INJURY OCCUR	ED
ATTENDI ECTUR: A s after de 1 28 ls	ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, :	Rreet, factory, offic	26	BI. LOCATION (Street City or Town, State		lural Route Number,
SPITAL OR INTRAL DIRI INT 72 hour	COMPLI		CIAN: To the best of my knowledge. R: On the best of examination						use(e) and manner as stated.
	JE C	296. SIGNATURE AND TITLE OF CERTIFIER	20	Elia	MIL	29c. LICENSE NUMBE	80	29d. DATE SH	GNED (Month, Dly, Year)
9	=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	212	15	Fel.	764-6760
		31. DATE FILED (Month, Day, Year) NOV 1 2 1992	32. REGISTRAR'S SIGN	Willes.					

282 ** 182

020	nhveirian
BALTIMORE, MARYLAND 21215-0020	affending
7	6
ON	age 6 may be retained by the hospital or attending
3	£
$\overline{}$	Z
MAR	retained
	2
2	ASE.
0	9
Σ	
	#
A	er death.
B	Pr

P

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	2
,	24
	within
	executed
	2
	death certificate
	death
	the the
	that
•	requires that the
	aw.
i	he
	PHYSICIAN
- 4	R ALTENDING
- 4	20

223

	2, 3 shou		
	15 1.		
	Page		
	ermit.		
	insit p		
SICIAN	lal-tra		
of pro	ne bur		
I GUAT	as th		
Or all	or use		
Spira	hed fo		- 1
JIE NO	detac		once
600	ld be		d at
elding.	shou		otiffe
200	age 5		be no
o may	tor, p		Isnu
- age	direc		10r II
edill.	unera		camir
in tel	the f	loval.	sal ex
NIS A	In the	I rest	nedic
W 47	filled	ion, c	the n
MILLI	pletely	remat	ent,
nen	Com	rial, c	C 67
CARC	n and	to bu	Imat.
מוכ חב	ysicia	prior	r trai
200	ng ph	giene	othe
בפווור	attend	rtal Hy	Y, Or
are o	/ the	d Mer	Injur
D UIGH	ned by	ith an	any
addin's	n sign	of Hea	HOWS
ign Is	as bee	ept. c	23 sl
1	ate his	tate D	tem
200	ertific	the S	0
LILL	this c	With	rked,
DIMO	After	death	is marked, or item 23 shows any injury, or other traumat
I I CIVIL	JOR.	after	
5	DIREC	Suburs Property	f: If Item 28
Á	FRA	E	=

FOR STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR LOUIS ELLIS SHECTER NOV. 9, 1992 4 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🙀 M 2 🗆 F 216-32-8433 91 12-20-1900 RUSSIA 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7 SLADE AVE., APT. 711 BALTIMORE BALTIMORE 10s, STATE 10b. COUNTY IG. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21208 USA 7 SLADE AVE APT. 711 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TINO IF YES, GIVE WAR OR DATES. 13. WAS DECENCENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) ADVERTISING 5 EXECUTIVE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) STETSKY SHECTER LENA BE SAMUEL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 BALTIMORE, MD 21208 7 SLADE AVE., APT. 711 ROSALYN SHECTER 20e. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State

1 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State BETH TFILOH CONG. BALTIMORE, MD 11-11-92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD., BALTO., MD 21215 23. PART L Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or haart fallure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (FIR **Onset and Death** disease or coridities resulting in death) ula No DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 | YES 270 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be BE COMPLETED 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or in restigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTINUE 29¢ LICENSE MIMBER 29d. DATE SIGNED (Month, Day, Year) 1//0 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NOV 1 2 1992 A2 REGISTRAR'S SIGNATURE COM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6693°

dis.

DHMH-16 Rev 1/89

	te be executed within 24 houn
	24
	-
	五
•	Æ
)	*
	Ø
	픋
(ಪ
,	8
	80
	9
)	-
	8
4	3
	黑
1	T
	8
	-
•	품
	9
)	-
1	2
	=
	8
)	=
	60
,	=
1	2
	ø
	-
	8
;	-
	ĕ
•	\vdash
	3
•	A
	2
	S
)	≥
	4
,	co
	×
)	품
	TENDING PHYSICIAN: The law requires that the death certificate
	-
	6
	ME.
	Œ
18	2
1	9
	P.

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND		GIENE G. NO.			
		1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	SERPICK	-			2. DATE OF DI MONTH		3. TIME OF DEATH		
Pin		213-60-0076	□ M 2 X F	fn yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BH (Month, Day,	4/11	BIRTHPLACE (State or foreign Country)		
1, 2, 3 should	TOR	9a. FACRITY NAME (If not institution, give stree ST (TOS . RESIDENCE OF DECEDENT	HOSP		-	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH ALTIMORE		
if. Pages 1	DIRECTOR	MARYLAND BA	ALTIMORE	10c. CIT	Y, TOWN OR LOCA BALT	TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 THO		
physician. burlal-transit permit. Pages	FUNERAL	7211 PARK HEIGHTS			10	21208	-	10g. CITIZEN USA	OF WHAT COUNTRY?		
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, sp	CENDENT OF HISPA Decity Cubers, Mexico 8 2 NO Special	an, Puerto Rican,		RACE — American Indian, Black, White, etc. Specify: WHITE		
oital or attending of for use as the	PLETED			(Give kind of the life. Do NOT us	VIII. STA		16b. KIND	OF BUSINESS/INDUS			
the hospital detached for once.	COMPL	12 17. FATHER'S NAME (First, Middle, Lest)		HO	USEWIFE	18. MOTHER'S NA	AME (First, Middle,	AT HOM	E		
# 6 a	ш	DAVID TAPPER					THA JON				
retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			y or Town, State, Zip Co	de)		
28 6	F	DR. ARTHUR A. SEF	RPICK	39 1	MALIBU C	T. TOWS	ON, MD	21204			
e 6 may ector, pa must b		20th METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove		PLACE AND DATE (etery, cremetory or o	ther place)		OATE	20c. LOCATION — City			
Page II direc		4 Donation 5 Other (Specify)	SEE ()	SHAAREI	TFILOH	11/6/9 ND ADDRESS OF FA		BALTIMO	RE, MD		
death. e funera al. examil		· Spel 1	De	is	SOL 6010	LEVINSON REISTER	& BROS	BALTO.	, MD 21215		
within 24 hours upletely filled in the cremation, or referent, the median		23. PART Enter the diseases, or construct or heart failure. List immediate CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	ALURE 1:		ch as cardiac o	r respiratory arrest	, Approximate Interval Between Onset and Death		
be exect	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
be death certificate the attending physical Mental Hygiene private, or other to	CERTI	resulting in death) LAST									
Inje	MEDICAL	PART II. Other significant conditions of MERAL REZ	<i>surgication</i>	ut not resulting	in the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
		10000				·	_	, ,	1 TES 2 NO		
4: The law cate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000174			LACE OF OEATH (C)	neck only one)	-			
CIAN: The certificate the the State or Item	YSI	1 TYES 2 NO 1	A Personal	atlent 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	6 🗆 Other (Spec	elfy)			
this c	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		M 1		28d. DEŞCRIBE	HOW INJURY OCCUR	ED		
CTUR: A affect d affect d	ED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— Al home, larm, :	street, factory, offic	ce .	26I, LOCATION City or Tow	(Street and Number or in, State)	Rural Route Number,		
CANTAL OR A	COMPLET	one) 2 MEDICAL EXAMINER:	N: To the best of my knowl On the basis of examination						suse(s) and manner as stated.		
PPS	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	loo .	STAFF	mp	29c. LICENSE NU		29d. DATE S	GNED (Month, Day, Year) -04-92		
ŷ	-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TOSEPH	HOSPITA	71_					
		31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA	ATURE Pande	NOV	1 2 1992	Juli	Deviden-R	indell		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, comation, or removal.	THE SHIELD INSPECTOR After the confidence has been climated by the absorbing objective to secure or many in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th
--	-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

											C	31635
	FOR 1 STATE	STATE OF N	MARYLAND /	DEPAR	TMENT (OF HEALTH	AND	MENTA	L HYGIEN	E		
	REGISTRAR		CI	ERTIF	ICATE	OF DEA	TH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ADFIAIDE L.	CTUDDINC						2. DATE		AY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	STUBBINS 5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR IF UNDE	Pl 24 HRS.	7. DATE	OF BIRTH		92 a. BIRTH	1005 a M PLACE (State or Foreign
	219 30 1588	1 □ M 2 😿 F	74	YRS.	MONTHS	DAYS HOURS	MIN.	Feb	. 4, 1	918	Country	yland
_	9s. FACILITY NAME (If not institution, give st					OWN OR LOCAT		EATH			ITY OF DE	
D.	NORTH ARUNDEL HO	USPITAL A	45500.		GLEN	BURNIE	-			AA	COU	NTY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR						T	10d. INSIDE CITY
	-	e Arunde										1 YES ZXXNO
FUNERAL	7805 Harbor Dr.					10f. ZIP CO	≆ 2122	6				HAT COUNTRY? States
- N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WA	S DECENDENT			N? (Specify Ye		14. RACE	- American Indian.
à l	1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES? 1	YES 2X	10	∃ff y	res, specify Cub	en, Mexica	in, Puerto			Black Specif	, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of	USUAL OCC	UPATION ing most of work	ing	168	. KIND OF BU	SINESS/IND	USTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5 e	•)	Cler					Dep	artme	ent.	Store
NO	17. FATHER'S NAME (First, Middle, Last)				у.	18. MQ*	THER'S NA	ME (First,	Middle, Maiden			0002
BEO		cott		.ler			ry					Smith
2	19a. INFORMANT'S NAME (Type/Print) Linda L. Dougher	ty	199	36 P	ointe	Street and Number Circl	e, G	Acute Num	bor, City or Tow Burnie	m, State, Zip		21122
	20e, METHOD OF DISPOSITION 1X (Buriel 2 Cremetion 3 Permotella Donation 5 Other (Specify)	oval from State			OF DISPOSITI	on(Neme of	ark	1 7 /1		Elkri	•	
	21. SIGNATURE OF FUNERAL SERVICE LIC	espete)	picadon	Trug	22, NA	ME AND ADDR	ESS OF FA	CILITY				
	Itsley 2	McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122										
			44							_		21122
	23. PART I. Enter the diseases, or c shock, or heart failure. I	complications the	t caused the de	ath. Do						_		Approximata
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	complications the List only one cau	t caused the de	eath. Do	not enter th	e mode of dy	lng, suc	h as can	diac or resp	_		
	shock, or heart failure. I IMMEDIATE CAUSE (Final	a. Meto	t caused the dese on each line At At (OR AS A CONSEC	·e	not enter th	e mode of dy	lng, suc	h as can	diac or resp	_		Approximata interval Between
N	shock, or heart failure. I	a. Meto	se on each line	·e	not enter th		lng, suc	h as can	diac or resp	_		Approximata interval Between
ATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	n. Meta	se on each line	QUENCE O	Ren Fi:	e mode of dy	lng, suc	h as can	diac or resp	_		Approximata interval Between
FICATION	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consecution of the consec	QUENCE O	Ren Fi:	e mode of dy	lng, suc	h as can	diac or resp	_		Approximata interval Between
ERTIFICATION	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	QUENCE O	Ren Fi:	e mode of dy	lng, suc	h as can	diac or resp	_		Approximata interval Between
5 5	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO DUE TO DUE TO C. DUE TO DUE TO	(OR AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSE	QUENCE O	Ren Fi:	al C	on (à no	diac or resp	iratory arr	est,	Approximata interval Between
5 5	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO DUE TO DUE TO C. DUE TO DUE TO	(OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	QUENCE O	Ren Fi:	al C	on (à no	24a. WAS AN	AUTOPSY WED?	est,	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE
5 5	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	B. DUE TO DUE TO DUE TO C. DUE TO DUE TO	(OR AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSE	QUENCE O	Ren Fi:	al C	on (à no) WWW J	AUTOPSY WED?	24b.	Approximata Interval Between Onset and Death WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
5 5	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST PART II. Other significant conditions.	DUE TO C. DUE TO C. DUE TO C. DUE TO	(OR AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSE	QUENCE O	Ren Fi:	al C	on (à no	24a. WAS AN	AUTOPSY WED?	24b.	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings Amail. Asile Prior To Completion of Cause Of Death?
5 5	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions SIP NO PART II. Other significant conditions EXAMINERY	DUE TO Contributing to	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE O	Pen Pi:	e mode of dy	QUE QUE IN CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT C	Part I.	24e. WAS AN PERFO	AUTOPSY WED?	24b.	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings Amail. Asile Prior To Completion of Cause Of Death?
5 5	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	COR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE O	Pen Pi:	e mode of dy	QUE QUE IN CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT C	Part I.	24e. WAS AN PERFO	AUTOPSY MMED?	24b.	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings Amail. Asile Prior To Completion of Cause Of Death?
PHYSICIAN: MEDICAL CI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions SIP NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70	DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to	COR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE O	OTHER: 4 Nursin	e mode of dy	given in	Part I.	24e. WAS AN PERFO	AUTOPSY MMED?	24b.	Approximate interval Between Onset and Death Onset and Death Were Autopsy Findings Amail. Asile Prior To Completion of Cause Of Death?
BY PHYSICIAN: MEDICAL CI	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions SIPPROPRIED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Natural 5 Pending	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	COR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE O	OTHER: 4 Nursin	eriying cause 26. PLACE OF g Home 5 R IC. INJURY AT WORK? 1 YES 2	given in	Part I. eck only or 6 Othe 286, LOC	24e. WAS AN PERFO	AUTOPSY MMED? LAO NJURY OCC	24b.	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
BY PHYSICIAN: MEDICAL CI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition: PART II. Other significant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Natural 5 Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigati	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUE	OTHER: 4 Nursin E OF 26	eriying cause 26. PLACE OF g Home 5 R GC. INJURY AT WORK? 1 O'YES 2	given in	Part I. 6 Othe 281. LOC City	24a. WAS AN PERFORM 1 YES 2 SCRIBE NOW I	AUTOPSY MED? (LAO NJURY OCC	24b.	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
BY PHYSICIAN: MEDICAL CI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions SIPPROPRIED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN WAS 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE	OTHER: 4 Nursing EOF 26 10 10 10 10 10 10 10 1	eriying cause 26. PLACE OF I g Home 5 R GC. INJURY AT WORK? 1 YES 2 g, office	given in	Part I. Calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calc	24a. WAS AN PERFORM 1 YES 2 CATION (Street or Town, State)	AUTOPSY MMED? () Ao NJURY Occ and Number	24b.	Approximata interval Between Onset and Death Onset and Death Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CI	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PRO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A CONSECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE	OTHER: 4 Nursing EOF 26 10 10 10 10 10 10 10 1	eriying cause 26. PLACE OF I g Home 5 F Sc. INJURY AT WORK? 1 YES 2 7, office 9, date and place	given in	Part I. Part I. Solution of the catter, date	24a. WAS AN PERFORM 1 YES 2 CATION (Street or Town, State)	AUTOPSY MED? I NJURY Occ and Number	24b. CURED or Flural Flued.	Approximata interval Between Onset and Death Onset and Death Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CI	Shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 1 Yes 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINET	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	COR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CON	DUENCE O	F): OTHER: A Nursin E OF JURY M street, fectory ad at the time on, in my opic	eriying cause 26. PLACE OF I g Home 5 F Sc. INJURY AT WORK? 1 YES 2 7, office 9, date and place	given in	Part I. Part I. Solution of the catter, date	24a. WAS AN PERFORM 1 YES 2 CATION (Street or Town, State)	AUTOPSY MED? I NJURY Occ and Number	24b. CURED or Flural Flued.	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death
E COMPLETED BY PHYSICIAN: MEDICAL CI	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part II. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other significant conditions. H. S. Part III. Other	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	COR AS A CONSECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE O DUENCE	OTHER: 4 Nursin E OF 26 Plury M street, factory	eriying cause 26. PLACE OF I g Home 5 R BC. INJURY AT WORK? 1 WORK? 1, office 29c. LIC	given in DEATH (Ch esidence no no no no no no no no no n	Part I. Part I. 28d. DE: 28f. LOC City to the castime, date MBER	24a. WAS AN PERFORM 1 YES 2 ATION (Street or Town, State) CATION (Street or Town, State)	AUTOPSY MED? I NJURY Occ and Number	24b. CURED or Flural Flued.	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death

DNMN-16 Rev 1/89

92 31636

ITEMS: 23 PART I, 27, 28a,b,c,d,e,f PER MEO G-693 11/17/92 reb

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	7.7				2. DATE OF DEATH MONTH	MY Y	3. TIME OF DEATH	
		MICHAEL 4. SOCIAL SECURITY NUMBER	W.	(In yrs. last birthday)	SUPR]	F UNDER 24 HRS.	7. DATE OF BIRTH		227:47	A M
		218-58-6864	1,54,55	42 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreig Country)	gn
3 should		Se. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	laryland of DEATH	pt-1
1, 2, 3 s	TOR	FRANCIS SCOTT I	KEY MEDICAL	L CENTE	R BALT	CIMORE (CITY			
permit. Pages	DIRECTOR	Md. Bal	ltimore		y, town on Local undalk	TION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO	0
SF	ERAL	100. STREET AND NUMBER 11 Liberty Par	rkway		10	1. ZIP CODE 21222			OF WHAT COUNTRY?	
15-0020 ending physician. as the burlat-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2)(1)(0)	If yes, sp	CENDENT OF HISPAL becify Cuban, Mexics 5 2 X NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: Thite	
212	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATE work done during mo se retired.)	ON ost of working	16b. KIND OF BU			
AND the hospital detached for once.	MP	11		Boile	er Make	r	Steel	Co.		
YLAND by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last) John Suprik				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ME (First, Middle, Maider nerine Sh		le.	
MARY retained b 5 should b	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tox			_
	2	Katherine Sup		11 1	Liberty	Parkwa	ay,Dundal	.k, Md	. 21222	
THE SE TO		20a. METHOD OR DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	BLACE AND DATE	of disposition (No ther place) DUNT Cr	ematory	DATE 20c. LC	DCATION — City Balt	or Town, State	
		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Edison	M. Perl	cins NAME A	ND ADDRESS OF FA	Shton Fu	neral	Home, IN	с.
BALT ifter death. The funerational.		6 dison M. Y							/.	222
the the		23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE NARCO	eech line.	CATION	ode of dying, suc	h as cardiac or resp	iratory arrest	Approximate interval Betwood Doneet and D	ween
X 68.	NOIL	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE O						
DS, P.O. BO the death certificate by the attending physicis d Mental Hygiene prior injury, or other tra	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS /	A CONSEQUENCE O	F):					
the death the death y the attend Mental injury, o			d							
that the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the stand	MEDICAL	PART II. Other significant condition	is contributing to deeth b	but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	JSE
- 0 -:									1 TES 2 NO	
VIIAL AN: The law tificate has e State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)			
SICIAN Certific the S	нүѕ	1 TYPES 2 NO 27. MANNER OF DEATH	1 Inpetient 2x2 ER/Outs 28s. DATE OF INJURY	28b. TIM	4 Nursing Horr	JURY AT	6 Other (Specify) 28d, DESCRIBE HOW	INTRIBA UCCIR	ED.	
ON OF DING PHYSIC After this ce death with th	BY P	1 Netural Sections Investigation	FOUND; 11/6/	/92 four 6:49	URY A WC	YES 2 XX NO	UNKNOWN	NAONI OCCON		
TTENDI TTENDI TTOR: A after di 28 is		3 Suicide 6 XXCould not be determined	28e. PLACE OF INJURY building, etc. (Spec FOUND: HOME	Y — At home, farm, ocify)	street, factory, offic	De .	261. LOCATION (Street City or Town, State RALTIMORE, N		ERTY PKWY.,	
DIV DEPITAL OR A WINTER DIRECT ON 72 HOURS	COMPLETED		ICIAN: To the best of my know ER: On the besis of examination						suse(s) and manner as state	ed.
	16	29b. SIGNATURE AND TITLE OF CERTIFIES	0 //1	te in		O.C.M.			GNED (Month, Day, Year) 06-1992	
1	0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE				timore,			1
1		31. DATE FILED (Month, Day, Year)	32. REGISTRATIS SIGN	ATURE	11 OCTE	ct, bal	crmore,	пагу1	and 21201	1
		NOV 1 2 1992		•						

2

mality Mysell

11 T 1 The

	1. DECEDENT'S NAME (First, Middle, Last)	N ET	5		DATE OF DEATH	AY YEA	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7,	DATE OF BIRTH	5 90	RTNPLACE (State or Fore
	019-38-0104	1 XM 2 0 F 52	YRS. MONTHS DAYS		(Month, Day, Year)		ountry)
_	Se. FACILITY NAME (If not institution, give str	eet and number)	9b. CITY, TOWN	OR LOCATION OF DEATH	COP CITY	9c. COUNTY O	F DEATN
TOF	Lach Kaven XI		Kath	nac			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION			10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER		Balto	101, ZIP CODE		I	1 YES 2 N
FUNERAL	3404 Edma	odson Ane		2/224	4	Ing. CITIZEN C	of what country?
Ž	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N	MED 13. WAS D	ECENDENT OF NISPANIC (or No.— 14. R	ACE — American Indier
8	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 Y	ES 2 NO Specify:	perto rican, atc.)		pocity: Blade
	15. DECEDENT'S EDUC (Specify only highest grade		CEDENT'S USUAL OCCUPA		16b. KIND OF BU	I SINESS/INDUSTR	IY .
COMPLETED	Elementary/Secondary (0-12)		Do NOT use retired.)	most of working	Al		
MP	17. FATHER'S NAME (First, Middle, Last)			14. MOTHER'S NAME	First killedelle killedelle	Cumamal	
	Charles Tue			Mary K	er en en en en en en en en en en en en en	Scriume)	
TO BE	190. INFORMANT'S NAME (Type/Print)	191	. MAILING ADDRESS (Street	t end Number or Rural Rout	Number, City or Tox	n, State, Zip Code	1 22041
٦	Charle lye		3649 Mal	ibu Cirde	Apt T +	all cho	urch, Va
	1 Description 2 Cremation 3 Remo	oval from State of demetary.	and Date of Disposition crematory or other place)	ON (Name	DATE 20c LC	CATION — City of	Mille Hd
	21. SIGNATURE OF FUNERAL SERVICE LIC			AND ADDRESS OF FACILI	ty +	N1193	111111114
	De Yali	March	Ma	Ch Fitt. W	1) a has	6 Du	0
	23. PART I. Enter the diseases, or c	omplications that caused the de- let only one cause on each line		node of dying, auch a	a cardiac or reap	iratory arrest,	Approxima
	IMMEDIATE CAUSE (Finel	1 0	6	O (0		Interval Be Onset and
	disease or condition resulting in deeth)	DUE TO OR AS A CONSEC		nows (e)	Conce	-	
z			202.02 01).				1 100
읽	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	QUENCE OF):				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):				
CERTIFICATION	resulting in death) LAST						
AL CE	PART II. Other algnificent conditions	a contributing to death but not r	eaulting in the underly	ing ceuse given in Pa	1 I. 24a, WAS AF	AUTOPSY	24b. WERE AUTOPSY FII
					PERFO		AVAILABLE PRIOR COMPLETION OF C
MEDIC							OF DEATH?
ä							
2 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	PLACE OF OEATH (Check			
잃	27. MANNER OF DEATN	1 Inpatient 2 ER/Outpatient 3 28e, DATE OF INJURY	26b. TIME OF 28c.	ome 6 Residence 6 INJURY AT 26	d. DESCRIBE NOW	INJURY OCCURE	D
HYSIC		(Month, Day, Year)	INJURY M 1	WORK? YES 2 NO			
	1 Natural 5 Pending 2 Accident Investigation			ffice 28	f. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,
ED BY PHYSICIAN:	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, atreet, factory, o				
B	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Specify)					
BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	cian: To the best of my knowledge, de	eth occurred at the time, d				use(e) end menner as st
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	building, etc. (Specify) CIAN: To the best of my knowledge, de R: On the basis of examination and/or	eth occurred at the time, d		e, date end place, e	nd due to the ceu	use(e) end menner as st
BE COMPLETED BY	2 Accident 3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	building, etc. (Specify) CIAN: To the best of my knowledge, de R: On the basis of examination and/or	eth occurred at the time, d	n, death occured at the tim	e, date end place, e	nd due to the ceu	
B	2 Accident 3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	building, etc. (Specify) CIAN: To the best of my knowledge, de R: On the basis of examination and/or	eth occurred at the time, d	n, death occured at the time	e, date end place, e	nd due to the ceu	
BE COMPLETED BY	2 Accident 3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	building, etc. (Specify) CIAN: To the best of my knowledge, de R: On the basis of examination and/or	eth occurred at the time, d	n, death occured at the time	e, date end place, e	nd due to the ceu	

L8915 60

FOR STATE REGISTRAR

101e

1. DECEDENT'S NAME (First, Middle, Last)

0	4
9	3
~	7
8	3
Ψ.	1
\times	-
0	4
\mathbf{m}	90
-	91
0	3
0	1
-	1
S	3
	4
00	8
0	4
Ö	3
ш	7
œ	8
_	1916
7	2
	É
	÷
>	NIA.
LL.	2
0	3
7	٥
S	AZC
\leq	Č
S	C
=	F
=	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO ATTENDING BUYELCIAM: The fear securities that the death analysis he secured with
	ğ

13		0 111 10 011.1	SEX 8. AGE (In yrs. lest birthde	MONTHS DAVE HOUSE AND	(Manath Con Mone)	8. BIRTHPLACE (State or Foreign Country)
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street 1506 N. MOULUT RESIDENCE OF DECEDENT	and number).	BAHLMON	DEATH PL 9c. COL	UNTY OF DEATH
nit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	100	34/TIMORE	City	10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. transit permit.	FUNERAL	1506 N. Mous	it st.	101. ZIP CODE 2/2/	2 ' (IS A
21215-0020 al or attending physician. for use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Me.	PANIC ORIGIN? (Specify Yee or No- xican, Puerto Ricen, etc.) ecily:	14. RACE — American Indian, Black, White, atc.
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	pleted) (Give kind	of work done during most of working use retired.)	16b. KIND OF BUSINESS/IN	DUSTRY
BALTIMORE, MARYLAND 2: ler death. Page 6 may be retained by the hospital of the funeral director, page 5 should be detached for wal. is examiner must be notified at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) EVER HTTU	cker	16. MOTHER'S	NAME (First, Middle, Melden Gurneme)	/
E, MAR y be retained page 5 should be notified	TO	19a. INFORMANT'S NAME (Type/Print) VENUS BRIS 20a. METHOD OF DISPOSITION	coe 1500	NG ADDRESS (Street and Number or Ru EN, MountSt	-BAlto, Md	21217
BALTIMORE, or death. Page 6 may be the funeral director, page val.		Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SHIPLE LICENS	from State cometery, crematory of	WN	11-4 BA/to	City or Town Islate
BALTIN after death. Pag by the funeral di moval. ccal examiner		· ding	Beower	1206 W.	C. BROWN COM NORTH AVE	1
24 hours filled in the floon, or red		23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Dnly Dne ceuse on each line.	cephalopat		Approximata Interval Betwee Onset and Det
P.O. BOX 68760, the certificate be executed within fending physician and completely at hygiene prior to burial, crema or other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE			
ORDS, Potential the death ed by the atter the and Mental leny injury, only injury, only injury, o	MEDICAL CE	PART II. Other algoriticant conditions or Diabetes Mell	ontributing to death but not resultin	g in the underlying cause given	PERFORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE
L REC law requires as been sign ept. of Heat 23 shows	CIAN: MED	Hypothyroid Coronary	ism Artery Diseas	٤	1 _ YES 2 1 NO	OF DEATH? 1 YES 2 NO
The The	YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DEPITAL:	26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 □ Resident		
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certific s after death with the SI 28 is marked, or ii	BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY 28b. T	ME OF LOURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED
DIVISION DR ATTENDING P DIRECTOR: After th hours after death v		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	n, street, factory, office	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
DIV SPIN DR A M 72 hours NT. II Nem	COMPLETED		: To the best of my knowledge, death occur n the beele of exemination and/or investiga			
	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER ALEGE C. W.	icto III MD	29c. LICENSE I	- / -	VOV 6 1992
1,717,134,1716	F	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM 27) (7)	pe, Print)	1 1 0 1	= / 1 / / /

Wicks

32. REGISTRAR'S SIGNATURE

Liberty

ucker

92 31638 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 7:30 7. DATE OF BIRTH (Month, Day, Year) 7 8. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? OF HISPANIC ORIGIN? (Specify Yee or No en, Mexican, Puerto Rican, etc.) 16b. KIND OF BUSINESS/INDUSTRY ESS OF FACILITY

1 C. BROWN ring, auch ea cardiac or respiratory erreat, Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

and with the

0
9
-
687
(0)
BOX
0
\sim
•
0
٧.
Δ.
10
97
α
~
\mathbf{c}
$^{\circ}$
RECORDS,
~
-
_
1
-
=
Lt.
OF
\cup
7
0
-
S
NIS
>
\equiv

1 - FOR STATE REGISTRAR

			1. DECEDENT'S NAME (First,	Addededo James														-
		,		No Chillian	00								2. DATE C	OF DEATH DA		YEAR	3. TIME OF DEATH	
		- 1	SAMUEL J. TA			T a ann #					1		TT		199			_
				EH	5. SEX 1X(X) M 2 ∏ F	6. AGE (In			MONTHS	DAYS	HOURS	MIN.	7. DATE O	E BIRTH LT-191	。 I	a. BIRTH	PLACE (State or Foreign y)	
9	25		216-01-5161			02		YRS.						11-191				
binovia	-24	- 1	9a. FACILITY NAME (If not ins							,	OR LOCATI					NTY OF D		
A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	1	2	4603 Kenwood	d Aven	ue				0	ver]	lea/F	<u>ulle</u>	rton		Ba.	ltimo	ore	
1 40 4		3	10a. STATE	10b. COUNTY	1	10c, CITY, TOWN OR LOCA				TION	_					10d. INSIDE CITY	_	
1 8	39 1 8	DIME	Maryland	Ra	ltimore				Ω	Ver	lea/F	م11،	rton				LIMITS? 1 YES 2XXNO	
1	2		10e. STREET AND NUMBER	- 50	202111010						of. ZIP COD		1 0011	-	10a, CITI	ZEN OF V	HAT COUNTRY?	_
y	18	Ž.	4603 Kenwood	d Aven	ue						21	206			U:	SA		
020 physician hural-tra	18	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARA	MED						(Specify Yes	or No-	14. RACE	American Indian,	-
100 F		- 11	1 Never Married 2 🔀 1 3 Wildowed 4 Divor		FORCES7 IF YES, GIVE Y	MAR OR DAT	2 N	0			pecify Cubi S 2 🔯 NO		n, Puerto Ri /:	can, etc.)			y White	
215-0020 ettending physician se as the hunal-tra		100						W 11										
21215-0020 I or estending physic for use as the burial	1	<u> </u>	15. DECE (Specify only	DENT'S EDUC highest grade	CATION completed)		(Gh	EDENT'S	work done	during m	ION lost of worki	ng	16b.	CIND OF BUS	SINESS/IND	USTRY		
	1 2	ا	8th grade	-12)	College (1-4 or 5	+)		ad U					Mar	land	Doo	- T	al	
AND 21 the hospital or detached for u	once.	COMPLETED	17. FATHER'S NAME (First, Min				пе	au u	SHET					ryland		erra	CKS	_
YLA by the			Salvadore Ta		CO									Anning				
RYL and by		i i	19a. INFORMANT'S NAME (TV			-	-											_
MARYLAND retained by the hospit should be detached	notified TO OT	2	Mrs. Doris (lanica									r, City or Tow			- 01000	
ORE, I 6 may be ctor, page	8	H	20a. METHOD OF DISPOSITION		Talico	205.4		ND DATE		-		nue	Batti	more,	CATION —			_
6 mg	nust		MEXBuriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	n 3 🗆 Reme	ovel from State	ceme	tery, cren	natory or o	ther place)	i+h	Como	+074	31/1	.0/92	Dol-	to.,		
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.	examiner must	- 1	21. SIGNATURE OF FUHERAL		ENSEE	1 00	irue	115 0	1 Fa	NAME A	ND ADDRE	SS OF FA	CIPITA TTT/T	. u / 92	Dal	ιο.,	Ivid •	_
JLT aath.		-1	1	15	2	112	1	_					al Ho					
BALTIMO after death. Page by the funeral direct	- a	4	Lasea		uner	2	4em	2						ltimo			21236	
5 5	medicai		23. PART JE Enter the dis shock, or he	seases, Dr. c ert failure.	complications the List only one cer	et caused use on eac	the dea	ith. Do r	ot antar	r the me	ode of dy	ing, suc	h as cardi	ac or respi	ratory arr	rest,	Approximata interval Between	-5
filled i	the m	1	IMMEDIATE CAUSE (Fine														Onset and Dear	
- 25	#. #		disease or condition resulting in death)	→	a. CONO	Nog	ny	111	410	27	11-	917	+ 0	1500	500		10 grs	
cecuted within and completely o burial, cremat	event,	H			DUE TO	OR AS A	CONSTEO	UENCE O	F):									
0 0 p p	or other traumatic	5	Sequentially list condition	ons,	b	100 40 4	2011050											
D be cian ior t	traumatic	ŧ	If any, leading to immedicause. Enter UNDERLYIF		000 10	(OR AS A	COMSEO	UENCE O	-):								i	
m = sa	in in	2	CAUSE (Disease or Injur		cDUE TO	OR AS A	CONSEO	UENCE OF	n:								-	_
eath certification attending	or other		resulting in death) LAST						•								Ì	
(0 0 0	≥ C	3			J													
RDS lat the by the	rs any Injury,		PART II. Other significan		a contributing to	death bu	t not re	sulting	in the ur	nderlyin	ng cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING	is
0 = 2=	E 5	3		-									_	1 YES 2	No		COMPLETION OF CAUSE OF DEATH?	
M 3 C.	2 2	Ξ															1 YES 2 NO	
AL RE e law requent has been Dept. of	1 23 sh																	
N: The law restrate has been State Dept. of	mell n	3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHE		LACE OF E	EATH (Ch	eck only one,)				_
F VIT, SICIAN: Th certificate	I or I	2	1 YES 2 NO		1 Inpatient 2		tient 3		4 🗌 Nur		me 5 B	anidence	6 🗌 Other	(Specify)				
OF PHYSIC this cer with th	e g	3	27. MANNER OF DEATH STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STUTE STU	Pending	28a. DATE OF (Month, D			28b. TIM INJ	E OF URY		JURY AT ORK?		28d. DE\$C	RIBE HOW II	NJURY OCC	CURED		
ONG P After ti death	marked,	5		nvestigation	-				M		YES 2	NO						
	20 0			Could not be	28e. PLACE (building,	of INJURY - etc. (Specif	– At hon	ne, farm, :	street, fac	tory, offic	Ce			TION (Street a Town, State)	ind Number	or Rural F	loute Number,	
DIVISION OF ATTENDINECTOR HOURS after	21 F																	
	월 5		29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	f my knowle	dge, des	th occurr	ed at the t	time, date	e and place	, and due	to the caus	e(a) and man	ner as stat	ed.		
HOSPITAL FUNERAL Within 72 I	ANT: If Ite	5	one) 2 MEDIC	CAL EXAMINE	R: On the basis of a	xamination	and/or in	rvestigatio	n, in my o	opinion,	death occu	red at the	time, deta a	nd place, an	d due to th	e cause(s) and manner as stated.	
8 5 3	MI T	. II	296. SIGNATURE AND TITLE	OF CERTIFIER							29c. LIC	ENSE NUA	ABER		29d, DATE	E SIGNED	(Month, Day, Year)	-
THE SE SE SE SE SE SE SE SE SE SE SE SE SE	8 0		Ly	3	Com	10					102	06	73		1	1/0	3/92	
-	- F		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEA	TH (ITEM	27) (Type,	Print)		-	-						-
8+1			George E. Lo	we, M	.D. 5810	Bela	air I	Rd. I	Balt	ο.,	LMd.	(426-5	299)				
			31. DATE FILED (Month, Day, Y	tear)	32, REGISTRA					-								_
			UNATS	1992	gulia Da	widson	Bon	400										
			MPA 0		U _												DHMH-t8 Rev	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ITEMS: 23 PART I,II,27,28a,b, ,d,e,f PER MEO G-694 12/1/92 reb

7	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	at)	CE	RTIF	ICATE OF	DEAT	Н	REG.	н		. TIME OF DEATH
		GENTILE			THO	MPSOI	N	MONTH 1 1	04	92	10:29 P.
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH	1	7	ACE (State or Foreign
	212-36-7689	1 😡 M 2 🗆 F	-	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Yes		Country)	
	9a. FACILITY NAME (If not institution, giv	a street end number)	5		96. CITY, TOWN	OR LOCATIO	ON OF DE			UNTY OF DEA	H CAROLINA
OR	2135 HOLLINS	STREET			BALTI						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COU			10c. CIT	Y, TOWN OR LOCA	TION				1	Od. INSIDE CITY
5	MD.				BALTIMO	RE				1	LIMITS?
FUNERAL	10e. STREET AND NUMBER					1. ZIP CODE			10g. Cf	TIZEN OF WH	AT COUNTRY?
Ä	1713 W. LANVALE					212	17		U	SA.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	MED IO	If yes, sp		ı, Mexica	HC ORIGIN? (Specifi n, Puerto Rican, etc. /:		Specify:	
ED E	15. DECEDENT'S E	DUCATION	18a DE	CEDENT'S	USUAL OCCUPATI	ON		165 KINO OF	BUSINESS/IN	BLA	ACK
E	(Specify only highest gra		(Gi	ve kind of	work done during me se retired.)		g	IGD. KING OF	BOSINESS/III	4DOS INT	
IP.	Lienten y Germany (G-12)	Conege (I-4 or 5 +)		INEM	PLOYED						
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First, Middle, Me	iden Surname)		
ш						AR	LETI	HA THOMP	SON		
TO B	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS (Street	and Number	or Rural F	Route Number, City or	Town, State, Z	(ip Code)	
-	THERESA THOMPSO	N	1	713 T	. LANVA	LE ST	REE	r. BALTII	MORE.	MD. 21	217
- 1	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re	emoval from State	cemetery, cre-	matory or o	OF DISPOSITION (Nather place)			OATE 200	LOCATION -	- City or Town	n, State
	4 Donation 5 Other (Specify)		MT.Z	ION (CEMETERY			В	ALTIMO	RE, MI)
	21. SIGNATURE OF PINERAL SERVICE	DICENSEE			JOSEP	н н.	BROV	WN JR. FI	UNERAL	номе.	P.A.
	23. PART i. Enter the diseases, o		M		1913 W	BALT	IMORE	ST. BALTO). MD. 2	1223; Ý	.O. DOX 4433
TION	iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	OUE TO (INTOXICA OR AS A CONSEC	UENCE O							Onset and Deati
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	OR AS A CONSEC								
N: MEDICAL	PART II. Other significant condition HIV TEST FOR ACQU						iven in	PE	S AN AUTOPSY REFORMED? ES 2 NO	C	/ERE AUTOPSY FINDINGS IMILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF O	EATH (Ch	eck only one)			
IYS	27. MANNER OF DEATH	1 Inpetient 2 I			4 - Nursing Hon		sidence	6 Other (Specify)			
	1 Natural 5 Pending	(Month, De	y, Year)		JURY W	JURY AT DRK?		28d. DEŞCRIBE H	OW INJURY O	CCURED	
BY	2 Accident Investigation	28e PLACE OF		UNK	street, factory, offic	YES 2	NO	UNKNOWN 281. LOCATION (St	met and Mumb	as as Down! Do	
ETED	3 Suicide 8 XXCould not b 4 Homicide determined	FOUND AT	tc. (Specify)		ation, factory, office			City or Town, S	2135	HOLLIN	
COMPLI		SICIAN: To the best of m									and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF	TER O/			-	29c. LICE	NSE NUN	IBER	29d. DA	TE SIGNED (A	fonth, Day, Year)
TO B	Marinte 1	eyoule				0.0	М.	F.	> 1	1-05-	1992
950	30. NAME AND ADDRESS OF PERSON A	KOREL	W 111	Per		et,	Bal	timore,			
	31. DATE FILED (Month, Day, Year) NOV 1 2 1992	Jua Davids	S SIGNATURE	-							
	19119 1 14 1. 1. 1. 1.	4 A I									

III A A SECTION III A TOTAL BOST

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

	24
60,	within
(687	be executed within
2	2
. B(ficate
0	er.
S, P.	death
õ	the
OR	that
REC	requires
	3
TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760	. OR ATTENDING PHYSICIAN: The law requires that the death certificat
VISION	ATTENDING
ā	OR
7	HOSPITAL

certificate has been the State Dept. of H

the

WITH

this

FUNERAL DIRECTOR: After within 72 hours after death

HORANTEL PATRICK THORNTON 1 DIMPIEC 6.251 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 10-28-48 230-46-7418 1 5 M 2 | F YRS. Mary 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 27 S. GREENEST. UNIV. OF MD, PARL THUNE DIRECTOR BAUTHWENE NA RESIDENCE OF DECEDENT 10b. COUNTY Anne Arundel 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BARTHUNE MD GLEN SUR NIR 1 TES NO FUNERAL 10s. STREET AND NUMBER IDI. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? WIMMER RD, 521 2106 US A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 VES 2 (F-NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE Army Viet Nam COMPLETED 16a DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
like. Do Nort use retired
Disabled Production
Control Supervi 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Koppers Co. and Elementary/Secondary (0-12) College (1-4 or 5+) Capital Wire and Fence 12th Grade Supervisor once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Matthew Thornton Evelyn С. Wedekind Thornton F BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 9 Mrs. Linda Jo-Ann Thornton 521 Wimmer Road, Glen Burnie, Md. 21061 pe 20a. METHOO OF DISPOSITION
1 [X] Burlail 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must New Cathedral Cemetery 11/14 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY 237 E. Patapsco Avenue,
Funeral Home of Brooklyn
Balto., Md. 21225 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker MS-Cotty the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart feliure. List only one ceuse on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition 7099 inle MYOUMDIAL INFMILLION resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): SEVENE traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): WETAS THTI (cause. Enter UNDERLYING CAUSE (Diseese Dr Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT; If Item 2 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 11-10-92 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) R. DAVID ANDERSON UNIV. OF MP., 22 S. GREENE ST., BACT, MD. 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE his Davidson-Randall



	7
-	
O	
(0)	
~	
-	
w	
68760	
\checkmark	
\simeq	
BOX	
m	
-	
\mathbf{O}	
P.0	
- RECORDS, F	
97	
CC.	
=	
U	
()	
ш	
Œ	
_	
_	
⋖	
\mathbf{L}	
$\overline{}$	
OF VITAL	
U	
-	
4	
NOISINI	
=	
CO	
-	
>	

THE PATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the inspection.

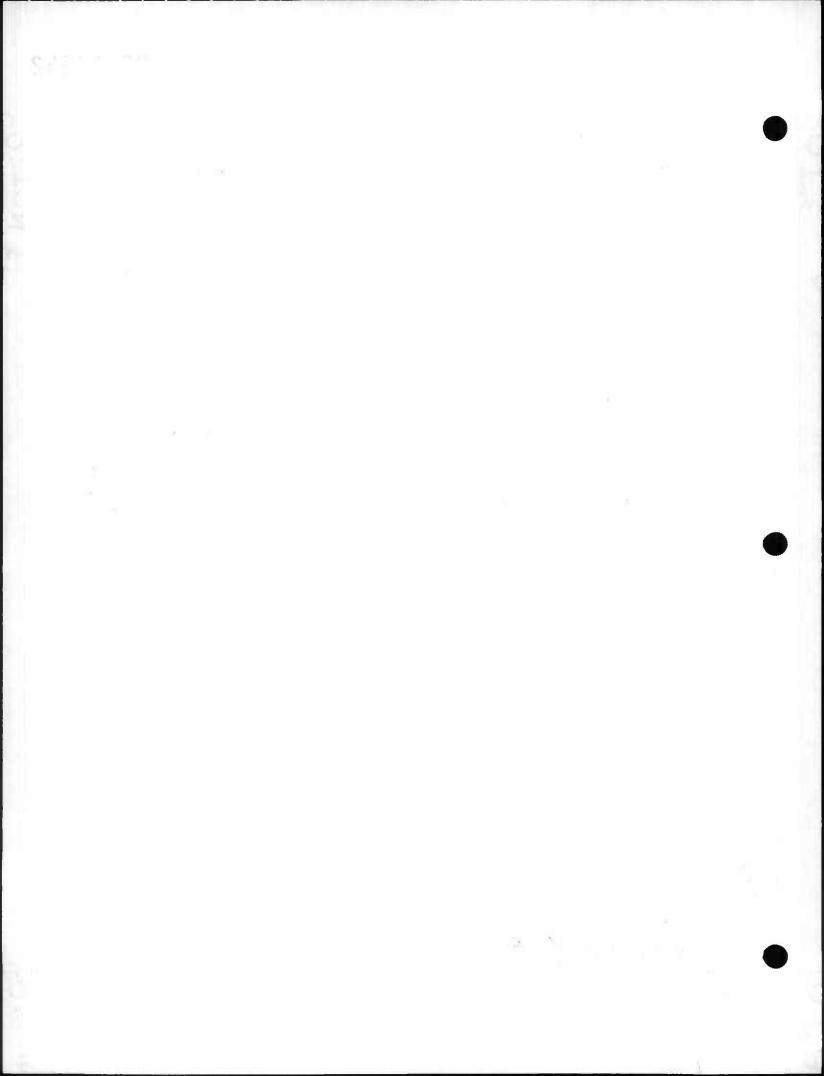
THE PATAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after that the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

INPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
NOV 1 2 1992

32 DECISTRAR'S SIGNATURE

								26	31042	
1	FOR STATE	STATE OF MARYL				MENTAL HYG	IENE			
	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG				
ľ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA MONTH	DAY	YEAR	3. TIME OF OEATH	
ł	MARY M.	TEMMINK				11-06			7:00 am	
1				F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	H er)	6. BIRTH Country	PLACE (State or Foreign	
	10 0000	□ M 2 😾 F 9 /	YRS.			(Month, Day, Ye Sept. 15	,1898		Md	
	Sa. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH			9c. CO	9c. COUNTY OF DEATH		
	Heartlands			Ellico	tt City		Но	Howard County		
F	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
Md Baltimore								10d. INSIDE CITY LIMITS?		
								1 YES 2 NO		
		ı		101	21 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		10g. CI		/HAT COUNTRY?	
1	235 Ridgeway Road				21228			USA	1	
	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN: If yes, specify Cuban, Mexican, Puerto R					- American Indian, , White, etc.	
ı	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES					Specif		
╟	15. OECEDENT'S EQUICAT	701		<u> </u>					nite	
	(Specify only highest grade co	mpleted)	(Give kind of wor	rk done during most of working		166. KIND C	16b. KIND OF BUSINESS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema			own home				
1	17. FATHER'S NAME (First, Middle, Last)		пошеша	Kel			_			
ı	William C. Blum					ME (First, Middle, M	laiden Sumame)	d.		
-					Ada Ve					
	19a. INFORMANT'S NAME (Type/Print)					Route Number, City				
1	Dorothy Furnary					ltimore,		21228		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	al from State Cer	b. PLACE AND DATE OF metery, crematory or othe	DISPOSITION (Na r place)	ame of		c. LOCATION -			
ŀ	New Cathedral 11/7 Baltimore, Md.									
ı	22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, Inc.									
ı	1 ates of	et das.	1100011							
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
ı	shock, or heart failure. List only one cause on each line.				Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro		Con Hilliams		interval Between	
	iMMEDIATE CAUSE (Final disease or condition	Se a	2 : 2						Onset and Death	
	resulting in death) a	A CONSEQUENCE OF):	OFI:					48 hr.		
J		Sein	CONSEQUENCE OF):						5 4118	
	Sequentially list conditions, b.	A CONSEQUENCE OF:	NSEQUENCE OF:					5 yus.		
	if any, leading to immediate cause. Enter UNDERLYING		CVA						340	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	resulting in death) LAST		•							
ł	d									
	PART ii. Other aignificant conditions	contributing to death i	out not resulting in	the undarlying	g cause given in	Part I. 24a, W	AS AN AUTOPS	r 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ļ.							ES 2 NO	-	COMPLETION OF CAUSE OF DEATH?	
							1 YES 2 4 NO			
24. WAS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 26. PLACE OF DEATH (Check only one) TO YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Invitating home 5 Residence 5 Other (Specific)										
ł	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)								
ı	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Normaling Home 5 Residence 3 Other (Specify)									
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJ		28d. DESCRIBE		CCURED		
	1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year) INJ Accident Investigation 26s PLACE OF INJURY At home farms								
	2 Postalda					281, LOCATION /S	Street and Numh	et and Number or Rural Route Number,		
	4 Homicide S Could not be determined		^	City or Town,	State)	- or ingress fi				
-	29s. CERTIFIER		-//			7				
	(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my know								
	one) 2 MEDICAL EXAMINER:	On the besis of examination	on addition traveattyballon.	in thy opinion, d	eath occured at the	time, dats and pla	ce, and due to	the couse(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	/(1/1/		29c. LICENSE NU		29d. D/	TE SIGNED	(Month, Day, Year)	
		1	1/1		0281	246	•	(1)	16/92	
F	30. NAME AND ADDRESS OF PERSON WHO									
H	Dr. Charles Sheeha	n 1020	28 Raltimo	ro Nati	ional Pil	r 0				



4. SOCIAL SECURITY NUMBER

219-05-1690

Sa. FACILITY NAME (If not institution, give street and number)

1403 Clarkson St.

IF UNDER 1 YEAR

9b. CITY, TOWN OR LOCATION

Ullman

J . .

71

6. AGE (In yrs. last birthday)

Pearl

1 M 27 F

5. SEX

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Balto.City, Mc Maryland _____ 10e. STREET AND NUMBER 10f. ZIP CODE 1403 Clarkson St. signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF FORCES? 1 YES 2 NO 1 Never Married 2 Marrie 1 TYES 2 100 84 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade Packer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHE 듵 Pea George Washington Smith BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 1403 Clarkson Mr.Richard B.Ullman Pe 20a. METHOD OF DISPOSITION
1 © Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20a. mc.rros
1 Spurial 2 Cremation 3 L
4 Donation 5 Other (Specify) must Holy Cross Cemeter examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS anu McCully medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying shock, or heert failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** event, the disease or condition resulting in death) anevaroung DUE TO (OR AS A CONSEQUENCE OF): traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING **CAUSE** (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause give or this certificate has been si th with the State Dept. of He larked, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA ne 5 | Resi 27. MANNER OF DEATH 26a. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY is marked, 1 Natural M 1 YES 2 1 COMPLETED BY TO THE FUNERAL OIRECTOR: After to the filed within 72 hours after death IMPORTANT: If Item 28 is man 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, as 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEN THE 포 BE r'Ear do mala, 223 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LUZADA Swith Charles St MEARDO 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2 Julia Savidron-Randell 1992

92 31613

	DEATH AND	MENTA	L HYGIEN REG. NO.					
man		No	v.10,	1992	/EAR	3. TIME OF DEATH		
HS DAYS	HOURS MM.	2/"	OF BIRTH h, Day, Year) 7/192	PLACE (State or Foreign aryland				
	o.City,			9c. COUNT	Y OF D	EATH		
O.Ci	ty,Md.					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
101	212	30		10g. CITIZE		VHAT COUNTRY?		
If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexico 2 NO Specific	in, Puerto		E — American Indian, k, White, etc. My: White				
L OCCUPATION one during mo	ON ast of working	168	. KIND OF BUS	SINESS/INDUS	TRY			
	18. MOTHER'S NA		_		G1	ass Co.		
	Pearl			M	lcK	ew		
	nd Number or Rural Kson St				23	0		
POSITION (Na			E 20c. LO					
	etery 1	CH FEV						
McC	ully Fü		Balto.					
McCully Funeral Home, 130 E.Fort Ave ter the mode of dying, such as cardiac or respiratory arrest, Approximate								
iter the mo	de of dying, suc	h aa can				Approximata		
			diac or respi	ratory arrea				
	de of dying, suc		diac or respi	ratory arrea		Approximata Interval Between		
			diac or respi	ratory arrea		Approximata Interval Between		
			diac or respi	ratory arrea		Approximata Interval Between		
			diac or respi	ratory arrea		Approximata Interval Between		
eng,		nef	diac or respi	A signal area	t,	Approximata Interval Between		
eng,	, I M	nef	diac or respi	AUTOPSY MED?	t,	Approximata Interval Between Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
eng,	, I M	nef	24a. WAS AN PERFOR	AUTOPSY MED?	t,	Approximata Interval Between Onset and Death Death WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
underlyin	, I M	Part I,	24a WAS AN PERFOR	AUTOPSY MED?	t,	Approximata Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
underlying 26. Pt 4ER: Nursing Hom	g cause given in	Part i,	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	246.	Approximata Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
underlying 28. PI 4ER: Nursing Hom 28c. RJ	g cause given in	Part i,	24a. WAS AN PERFOR	AUTOPSY MED?	246.	Approximata Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
underlying 28. PI 4ER: Nursing Hom 28c. RJ	g cause given in ACE OF DEATH (Ch. te 5 Residence URY AT PES 2 NO	Part i,	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset		
underlying 26. Pt #ER: Nursing Hom 28c. RtJ 1 1 1 5 factory, office	g cause given in ACE OF DEATH (Ch. 10 5 Residence URY AT PIKT? YES 2 NO e and place, and due	Part i, eck only or 5 Othe 28d. Det	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? AUTOPSY MED? AND OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPANT OCCUPAN	24b.	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset		
underlying 26. Pt #ER: Nursing Hom 28c. RtJ 1 1 1 5 factory, office	g cause given in ACE OF DEATH (Ch. 10 5 Residence URY AT PIKT? YES 2 NO e and place, and due	Part i. Beck only or God Other 28d. LOC Chy to the cat	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? ANJURY OCCUM and Number or oner as stated. d due to the o	24b. Aural F	Approximata Interval Between Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO		
underlying 26. Pt #ER: Nursing Hom 28c. RtJ 1 1 1 5 factory, office	g cause given in ACE OF DEATH (Ch to 5 Residence URY AT WRY 2 NO e and place, and due teeth occured at the 29c. LICENSE NUI	Part i. Beck only or God Other 28d. LOC Chy to the cat	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? ANJURY OCCUM and Number or oner as stated. d due to the o	24b. Aural F	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Ons		

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 to marked or Item 23 shows any Internative awant the medical avainant must be notified
î	y be	age 5	2
	6 ma	300,	Stead
	Page	direc	9
	eath.	unera	amin
	fter d	the oval	10
	urs a	in by	alle
Ì	24 ho	filled on, on	and and
	Ithin !	emati	*
	w per	al, cr	-
	DOOCO	and	natie
)	200	siclan	1
	tificat	one phy	than
	th cer	Hyp	0 40
1	e deal	Menta Menta	2
	at th	and the	2
)	tes th	ealth	9
	requi	een s	show
	AR O	has b	23
	Ë.	cate State	Hem
	SICIA	the	0
	PHX	this	retail
	DING	After	. m
	TTEN	CTOR:	28
	DR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fa be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	Hem
	PITAL	ERAL I	T. H
	HOS	FUN	TAN
	王	THE	Por
	H	F 2	E

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest) GEORG	EL.	VAI	Viik		2. DATE OF DEATH DO NOW THE DEATH DO NOW THE DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEATH DEA	7 93	1 2306 M	
	219-16-9802	M2DF 6	yrs.	F UNDER 1 YEAR SONTHS DAYS 9b. CITY, TOWN C	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	124 6	ARYLAND	
DIRECTOR	PRESIDENCE OF DECEDENT 96. COUNTY OF DEATH PLANTE HTU NAVE GEV ANNA POLIS PLANTE OF DECEDENT 96. COUNTY OF DEATH ANNA POLIS PLANTE OF DECEDENT								
	106. STATE 106. COUNTY MARYLAGO BALTE 109. STREET AND NUMBER	10.011111111111111111111111111111111111			15			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2521 USATWORTH ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			101. ZIP CODE 2.334 ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN			10g. CITIZEN OF WHAT COUNTRY? U. S. A. 7 (Specify Yes or No.— 14. RACE — American Indian,		
B	1 Never Married 2 Merried FORCES? 1 YES 2 NO H 1 S Widowed 4 Divorced FYES, GIVE WAR OR DATES 1 1			If yes, sp	If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: Specify:				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	160 np/leted) Coffege (1-4 or 5 +)	Give kind of we life. Do NOT use	SUAL OCCUPATION of done during more retired.)	DN st of working	U.S. P	SINESS/INDUSTRO	FFirs	
BE CON		'Anik			MAR	ME (First, Middle, Meiden	MARIL	NEBER	
101	196. INFORMANT'S NAME (Type(Print)) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Number)								
	1 Burlal 2X Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY								
	EVANS CHAPILOFI ISMORIES 8800 HARTORO ROPO - PARKVIUS								
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Cardine Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arche Arc								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	reaulting in death) LAST								
4: MEDICAL	Epilepsy, Colostomy PERFORMED? 1 YES 2 TO NO OF DEATH?						Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 Fe/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ВУ РНУ	27. MANNER OF DEATH 1								
8	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)						al Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.								
TO BE	296/SIGNATURE AND TITLE OF CERTIFIED 30, NAME AND ADDRESS OF PERSON WHO	most	Dep	nexy	DOG	18ER 1050	29d. DATE SIGN	ED (Month, Day, Year)	
P Milliam Person William Deputy D06050 11/5/9 30, NAME AND ADDRESS OF PERSON WILL MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P. O. BOX 99 2076						0711			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HUSPITAL OF A LEDUNIS PHYSICIAN; THE TAW REQUIRES THAT THE DESTINICATE DE EXECUTED WITHIN 24 HOURS After OBSTIL. Page 5 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Mildred	Ilease Wen	gerd		2. DATE OF DEATH DAY	9 YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 238 - 09 - 4395 9. FACILITY NAME (If not institution, give s	1 □ M 2 🛱 🔻 7	3, YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BHRTHPLACE (State or Foreign Country) North Carolina		
DIRECTOR	Carroll County G	General Hospi		Westminster		c. county of death		
	Maryland 100. STREET AND NUMBER	Carroll	10c. CITY, TO		minster	10d. INSIDE CITY LIMITS? 1 VES 2 NO		
FUNERAL	1111 Meadow Bra			101. ZIP CODE	1157	U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF NISPI If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, stc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work He. Do NOT use re HOMEMARE	done during most of working fred.)	16b, KIND OF BUSING	ess/INDUSTRY Home		
BE CO	17. FATNER'S NAME (First, Middle, Last) Christopher Col	umbus Laught	er		AME (First, Middle, Meiden Sur Elizabeth Hu			
108	190. INFORMANT'S NAME (Type/Print) Jill S. Evans			DRESS (Street and Number or Aural Ldow Branch Ro		State, Zip Code) Cer, Maryland 21157		
	20a. METHOD OF DISPOSITION 1)(2) Buriel 2 Cremation 3 (2) Remark 4 Donation 5 (2) Other (Specify)		PLACE AND DATE OF D	sposition (Name of Park 1		FION - City or Town, State Ey, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF F Duda-Ruck Fu 7922 Wise Av	ACILITY			
HILLATION	23. PART I. Enter the diseases, or on shock, or haert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A	nch line.	lobe then		Ory arrest, Approximata interval Batween Onset and Dasth		
: MEDICAL CE	PART II. Other algolificant condition	s contributing to death bu	ut not resulting in th	ie underlying ceuse given ir	Part i. 24a. WAS AN AUTPERFORME 1 YES 2	D? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (C	heck only one)			
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJU			
ETED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, stc. (Speci	At home, farm, stree	, fectory, office	261. LOCATION (Street end City or Town, State)	Number or Rural Route Number,		
COMPLET				the time, date end place, end du- my opinion, death occured at the		r as stated. ue to the cause(e) end manner se stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	My le	NTN (ITEM 27) (Type, Prin	29c, LICENSE NU \$ 395		Bd. DATE SIONED (Month, Day, Year)		
	S1. DATE FILED (Month, Day, Year) NOV 1 2 1992	32 REGISTRAR JIGH Davidson Will	SPORUL STATE					

SEELS IN LINE

BALTIMORE, MARYLAND 21203-3146

should		ptified
S		ě
page		be
lirector,		r mus
funeral d	beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
the	Na.	Te
à	emo	dic
=	-	60
8	0,	E
) E	tio	#
9	Tig	
용	2	등
Ē	0	2
8	g	-
D	ž	ž
B	0	2
듦	2	5
0	9.	5
S	Q.	-
ā	9	2
g	Die.	100
ē	Ŧ	Berry
Į.	- -	0
te	띁	Z
the th	ž	큳
à	and	2
8	£	20
ë	leal	8
6	Ξ.	6
99	0	-S
9	ä	ç
ğ	å	12
ate	ate	le l
Pic.	S	=
enti	the	0
S	=	7
Ë	3	rke
fter	eath	ma
40	973	

,									9	2	3161	+6
	FOR 1 - STATE REGISTRAR	STATE OF MARY		PARTMEN				ENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN			3. TIME OF DEATH	N
	ELEANOR H. WILS	ON						11 08	92	EAR)	2300	Рм
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	E (in yrs. last birth	day) IF UND	ER 1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH	6.	BIRTN	IPLACE (State or Fore	eign
	245-54-6633	□ M 2 □/F	54 YF	RS. MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11–30–1937		Countr	N.C.	
	9e. FACILITY NAME (if not institution, give street	and number)	34	9b. CI	TY. TOWN C	R LOCATIO	N OF DEAT		9c. COUNTY	OFD		
DIRECTOR	St Agnes Hospital				timore							
<u></u>	10e. STATE 10b. COUNTY		100	. CITY, TOWN	OR LOCAT	ION					10d, INSIDE CITY	
E	Md			Baltim	ore					- [LIMITS?	NO
	10e. STREET AND NUMBER					ZIP CODE			I 10a CITIZE	I OF V	VNAT COUNTRY?	
FUNERAL	142 S. Kossuth Street					21229				JS		
BY FUN	11. MARITAL STATUS 1	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 X NO DATES	1:		ecify Cuben		C ORIGIN? (Specify Ye Puerto Rican, etc.)	or No.— 14		E — American Indiar k, While, atc. ffy: Black	n,
	15. DECEDENT'S EDUCATI	ION	16e. DECEDE	NT'S USUAL	OCCUPATION	ON		16b, KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	(Specify only highest grade con Elementery/Secondary (0-12)	npleted) College (1-4 or 5+)	(Oive kin life. Do N	d of work don IOT use retired	ne during mo l.)	st of working	7					
<u> </u>	17. FATHER'S NAME (First, Middle, Last)					10 MOTH	ED'S NAM	E (First, Middle, Maiden	Sumama)			
BE CC	Felix Moore							e McDougald	Sumamey			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MA					ute Number, City or Tow				
F	Calvin R. Wilson, Sr			142	Kossut	th Stre	eet B	Baltimore, M	ld 212	29		
	20e. METNOD OF DISPOSITION 1 V Burlel 2 Cremetton 3 Removal 4 Donation 5 Other (Specify)	from State	ob. PLACE OF DI Other place) Cedar H	ill Cen	Name of car etery	natery, crema	atory or		cation — cit le Arund			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	4			ND ADDRES	S OF FACI					
	· Anla 4	marci			Marc	h F/H O Waba	West					
	23. PART I. Enter the diseases, or com-	plications that caus	ed tha death.	Do not ant					iretory arres	ŧ,	Approxima	ita
	shock, or heart failure. List	t only one cause on	each lina.								Interval Be Onset and	
	IMMEDIATE CAUSE (Final disease or condition										Oliset and	Death
	resulting in death)		INTRAC		AL HE	MORRH	IAGE				1	
	DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION											
N	Sequentially list conditions, b											
CERTIFICATION	If any, leading to immediate	QUE TO (OR AS	A CONSEQUEN	CE OF):								
2	cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR 10										
Ë	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUEN	CE OF):								
H H	d											
- I	PART II. Other significant conditions of	ontributing to death	but not result	ting in the	undarlyin	g causa g	Ivan In P	ert I. 24s. WAS AP	AUTOPSY	245	. WERE AUTOPSY FIN	NDINGS
S								PERFO			AVAILABLE PRIOR T	
<u> </u>								1 TYES	≀ ⊔ NO	1	OF DEATH?	
Σ								_		1	XX YES 2 N	10
ä												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ОТН		ACE OF DE	EATH (Chec	ck only one)				
S		∑ Inpatient 2 □ ER/O	utpatient 3 🗆 D			10 5 🗆 Rec	eldence 8	Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year,		. TIME OF	26c. INJ	URY AT		26d. DEŞCRIBE NOW	INJURY OCCU	RED		
BY	1 X Natural 5 Pending	(3,533,753), 153,		М		YES 2	NO					
	2 Accident Accident Suicide 6 Could not be	28e. PLACE OF INJUI		arm, street, l	actory, offic	•		26f. LOCATION (Street		Rural i	Route Number,	
COMPLETED	4 Homicide determined	building, etc. (Sp	Journal of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s					City or Town, State	,			
9	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my kno	owledge death o	ocurred at 1h	a time date	and place	and due to	o the seuse(s) and me	oner en eteted			
MP	(Check only one) 2 MEDICAL EXAMINER:										e) end menner ac et	tated
8		A	7		,				_			
BE	29b. BIGNATURE AND TITLE OF CERTIFIER	Kt=1	2	-lan		124 - 27	NSE NUME				(Month, Day, Year)	
6	30. NAME AND ADDRESS OF PERSON WHO O	OMPLETED CALIFE OF I	DEATH (ITEM 27)	(Sept. Orient)			D418	43	P /	1.	9.92	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

OV 1

ST. AGNES

12 1992

REED,

ANNE E.

31. OATE FILED (Month, Day, Year)

HOSPITAL PATHOLOGY DEPT.

La Savidson

DHMH-16 Rav 1/89

900 S. Caton Ave 21229

	FOR STATE REGISTR
	1. DECEDENT'S
	4. SOCIAL SECT
t	Sa. FACILITY N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		HEGISTIAN		CENTIFIC	AIE OF	DEATH	HEG. NO.		
)	1	1. DECEDENT'S NAME (First, Middle, Last)	der.	GRAV	gia	nna	2. DATE OF DEATH MONTH DAY		TIME OF DEATH
		4. SOCIAL SECURITY NUMBER/ 247-22-229/	5. SEX 6. AGE	Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second S	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPL/ Country	ACE (State or Foreign		
3 should	H.	Sa. FACILITY NAME (If not institution, give st	reet and number)	•	b. CITY TOWN	OR LOCATION OF DE	ATH P	9c. COUNTY OF DEAT	Н
1, 2,	RECTOR	RESIDENCE OF DECEDENT	037.						
permit. Pages	百	nonyane 106, county		10c, CITY	DIII	nor U	0		d. INSIDE CITY LIMITS? TES 2 NO
isi	FUNERAL	100. STREET AND NUMBER	land 5	St	10	2/2/6	,	10g. CITIZEN OF WHA	T COUNTRY?
ling physician. the burial-transit	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed A Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 MO	If yes, sp	ecify Cubap, Mexica	n, Puerto Ricen, etc.)	or No— 14. RACE — Black, W Sogolly:	American Indian, hita, etc.
r attending use as the	8	15. DECEDENT'S EDUC		16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUSI	NESS/INDUSTRY	4-C/X
spital or ned for u	APLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use n	t done during mo stired.)	Kek			
de de	COMPL	17. FATHER'S NAME (First, Middle, Last)	,		777.7	18. MOTHER'S NA	ME (First, Middle, Mejden S	Surname)	
ed by	BE		own			MA	ry Br	oce /	
ay be retained page 5 should be notified	5	Mrs. Victoria	4 DuBase	2 /8/9	DORESS (Street	end Number or Rural E	Strain Number, City or Town	Stelle, Zip Gode)	21216
e 6 m rector,		20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	wel from State	netay, crematory or other	placa)	eme of	1 3 LA	ATION — City or Town,	e md
death. funera		21. SIGNATURE OF FUNERAL SERVICE LIC	I. Rus	22/	22 NAME A	ND ADDRESS OFFER	135 FYN	erAl H	ome md 2 pm
tted within 24 nours after completely filled in by the ial, cremation, or removal event, the medical		23. PART I. Enter the diseases, or control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	ist only one couse on e	rdiac	enter the mo	ode of dying, such	the as cardiac or respir	atory arrest,	Approximate Interval Between Onset and Death
h certificate be execu anding physician and Hygiene prior to bur or other traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		hrone	r ko	elem enal	Insut	Fletercy	
Me		PART II. Other significant conditions	contributing to death it	out not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN A		RE AUTOPSY FINDINGS
signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the signed the	MEDICAL	Diabe	tes				1 YES 2	□ NO CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN: The law req certificate has been the State Dept. of or Item 23 sho	AN:	25. WAS CASE REFERRED TO MEDICAL							
M: The ficate his State C	SICI	EXAMINER?	HOSPITAL:		THER:				
ING PHYSICIA offer this certification with the marked, or	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW IN	JURY OCCURED	
TOR: A after d	COMPLETED B	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre	et, factory, offic	:0	28f, LOCATION (Street ar City or Town, State)	nd Number or Rural Route	Number,
	PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	rledge, death occurred o	et the time, date	and place, and due	to the cause(a) and mann	ner as stated.	
N S S S	NO.								d manner as stated.
CE	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	V. 1	1,111	111	29c. LICENSE NUM	IBER	29d. DATE SIGNED (MC	onth, Day, Year)
N.	TO B	30. NAME AND ADDRESS OF PERSON WHO	Kerk	VIIet	MU	A5-29	40-2321-9	14 No	V.6/192
		Gary J	Kerk	Viet	24	d/W. 1	Belvede	e Ave	2/2/5
2	7	31. DATE FILED (Month, Day, Yodi)	REGISTRAR'S SIGN	-Andell					

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	Mary and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE SETTING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	2 31040
	T.	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEA	3. TIME OF DEATH
		Chaples waters	11 797	- 7:40 Pm
P.	9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 1 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 1 YRS.		RTHPLACE (State or Foreign ountry)
2, 3 should	DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF RESIDENCE OF DECEDENT RESIDENCE OF DECEDENT	a	of DEATH
Pages 1,	<u> </u>	10a. STATE NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION	-	10d. INSIDE CITY
Ti. Pa		Balto Balto		1 X YES 2 NO
ransit peri	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 2 2 2	10g. CITIZEN C	NSA
the burial-transit permit.	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP If yes, apecity Cuben, Maxi 1 YES 2 NO Spec	Ican, Puerto Rican, etc.)	IACE — American Indian, Hack, White, etc. Specify:
for use as	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	166. KIND OF BUSINESS/INDUSTR	· · · · · · · · · · · · · · · · · · ·
9	COMPL	Court Clerk	BAIN. Ci	4 Court
be detach	8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S P	NAME (First, Middle, Malden Surname)	0
should be	BE	19b. MAILING ADDRESS (Street and Nymber or Run	nin WH/EI	-5
5 should	임	mrs. Emily Tolson 5317 hiperty Ho	it Balto	nd.
f, page		206. NETHOD OF DISPOSITION 1. Durial 2 Gremation 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name) constant of other places	OATE 20c. LOCATION — City of	r Town, State
director, p		4 Donation 5 Other (Specify)	E 6A/10	. Co. 110
filed in by the funeral director, page 5 on, or removal, he medical examiner must be no		bseph Kit	uss FUNERA	1 Home
oval.		Hosiph L. Kuse Bassin	lorTh Ave. BAL	15, m/21210
or rem		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line.	uch as cerdiac or respiretory arrest,	Approximate interval Between
n and completely filled in by the to burial, cremation, or removal matic event, the medical e		immediate cause (Final disease or condition resulting in death) Respiratory Respiratory Failure	2º Prenmoci	Onset and Death
o = 6	z	Prehmania à A	INS	
anding physician and c Hygiene prior to buris or other traumatic	CATION	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):		
attending physician mal Hygiene prior to Y, or other traun	FIC.	CAUSE (Disease or injury that initiated events oue TD (OR AS A CONSEQUENCE OF):		
Hygie or oth	RTIF	resulting in death) LAST		İ
y the atter of Mental Injury, o	8	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given it	in Part i. 24e, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ith and any lin	ICAL	Grand Control of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country o	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ficate has been signed by State Dept. of Health and Item 23 shows any Ir	MEDICA		1 - YES 2 NO	OF DEATH?
as been Dept. of 23 sh	ä			
cate has State De Item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	Check only one)	
certificate the State , or Item	IXSI	1 YES 2 VNO 1 Ynpetlent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence		
報報		Neturel 5 Pending (Month, Day, Iber) INJURY WORK?	28d. DEȘCRIBE HOW INJURY OCCURE	
化位 100	D BY	3 Suicide 2 Could not be 26a. PLACE OF INJURY — Al home, farm, street, factory, office	28f. LOCATION (Street and Number or Ru	ral Route Number,
E # 2	ш	4 Homicide determined building, etc. (Specify)	City or Town, State)	
2 hours	PLE	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and determined to the time.	ue to the cause(s) and manner as stated.	
NA.	COMPLET	one) 2 MEOICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the	he time, data and place, and due to the cau	se(a) and menner as stated.
PORTANT	BE (29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE N	UMBER 29d. DATE SIGN	NED (Month, Day, Year)
ZX	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED QUIE OF DEATH (ITEM 27) (Type, Print)		17/92
Last adjusted	and i		alto mo 2	1202
6	İ	31. DATE FILED (Month, Day, Year)	7170	12 4 7
1	;	NOV 1 2 1992 Julia Burdon-Randelle		

,

•

5-

Ships	Duria		
bu	the		
tend	38		
0r at	J USG		
oital	Q P		
hosp	ache		Ge.
the	det		5
d by	M P		te p
aine	Shou		LIFE
e re	6.5		100
ay b	pag		t be
9	ctor,		nus
Sage.	dire		er
÷	eral		Ē
dea	e fu	ei.	exa
afte	4	MOV.	icai
OULS	드	Dr re	med
24 h	file	OH.	2
thin	stely	тар	11, 1
M D	mpk	, Cre	ever
crite	90 P	urial	tic
686	u au	2	ma
te p	Sicia	prior	Ē
tifica	E D	ene	ther
L Cer	ndin	H	0 10
death	afte	mtal	Z.
the	/ the	d Me	- Pil
that	5	h an	AUG
lres	sign	teaft	SM
regu	eeu	of	shor
MP!	as b	Jept.	23
The	ate h	ate	me
AN	Tifici	e St	Dr. 11
YSIC	S Cel	th th	d.
F	r thi	th wi	arke
DING	Afte	deat	E 2
TEN	10R:	after	28
RAI	REC	SID.	W.
IN THE ASSESSION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical processing the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the propriet of the prop	THE TUNEST, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	erect with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDETANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Prog.	NEB	¥	5
8	ř	7	FITA
1	H	ğ	100
-	- 54	-16	-

	1 - STATE REGISTRAR	SIAIE OF MAR	RYLAND / DEPAR CERTIF	ICATE OF		D MEN	REG. NO.				
P	1. DECEDENT'S NAME (First, Middle, Last)	MARY	1 Wil	11 Ams			ATE OF DEATH	04	YEAR 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	/8.4	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign	
	068-14-8600 9a. FACILITY NAME (If not institution, give :	1 M 2 F	90 YRS.				4-11-0			5,0	
œ	OK Crust Name (if not institution, give	Sinc Cont.		9b. CITY TOWN	OR LOCATION OF	FDEATH	/	9c. COUN	TY OF DE	ATH	
6	RESIDENCE OF DECEDENT	sing Cert	4	VCANA	airro	WP		I	rm	11060	
DIRECTOR	MD 10a. STATE 10b. COUNT	Y	10c. CIT	ry, town on Local Balt	imore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZ	ZEN OF WI	NAT COUNTRY?	
띨	3418 W. Belve	edere Ave	nue		2:	1215		U	.S.	A .	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR (YES 2 NO	If yea, s	CENDENT OF HIS secify Cuban, Me S 2 X NO Sp	xican, Pua	IGIN? (Specify Yea rto Rican, etc.)	s or No—	14. RACE Black, Specify	- American Indian, White, atc.	
COMPLETED	15, DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	B USUAL OCCUPAT work done during management of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	ON ost of working		16b. KIND OF BU	SINESS/IND	USTRY		
린			Homem	aker							
00	17. FATHER'S NAME (First, Middle, Last)				-11 175 - 17 17 17		st, Middle, Malden				
BE	Shakespeare L	ttles					Harri				
0	19a. INFORMANT'S NAME (Type/Print) Tina Wilkens		3418	W. Be			reet,			MD 21215	
	20a. METHOD OF DISPOSITION 1 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 4 Donestion 5 Dother (Specify) 20c. LOCATION — City or Town, State ARY Land National Cem.										
	21. SIGNATURE OF FUNERAL SERVICE LI			22 NAME	ND ADDRESS OF	E FACILITY		•		2222-2	
	Joseph J	C. Russ (a		West	Nort	h Av	e., Ba	lto.	, MI		
	23. PART (Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition			not enter the m	ode of dying,	such as (cardlec or reep	Iretory arr	est,	Approximate Interval Between Onset and Deat	
	resulting in death)	BUE TO (OF	AS A CONSEQUENCE	on:							
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									2 who	
CER	resulting in death) LAST									105	
: MEDICAL	1 U YES 2 NO COMPLETION OF CA									AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AN	25. WAS CASE REFERRED TO MEDICAL / 26. PLACE OF DEATH (Check only one)										
SIC	EXAMINER?	HOSPITAL:	VOutpetient 3 DOA	OTHER:	me 5 🗆 Raside		700	777			
PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,)	URY 28b. TI	ME OF 28c. II	JURY AT ORK?	28d.	DESCRIBE HOW	INJURY OC	CURED	7-7-	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								oute Number,		
COMPLET	anel anny	SICIAN: To the best of my								and manner as stated.	
E CC	*29b. SIGNATURE AND TITLE OF CERTIFIE	ER	[1 0		29c, LICENSE	NUMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON W	La , MD	D. P. TH	(ADA)	019	35	23	•	1115	193	
3	3356 RE	ISTERT	OWN RA	о, стиј							
	31. OATE FILED (Month, Day, Year)	A. K. Burdon	10000000000000000000000000000000000000	w							

asa mah

REG. NO.

FOR STATE REGISTRAR

1 -

6876	
BOX	
P.O.	
RECORDS,	
VITAL F	
ONO	
DIVISI	

	1. DECEDENT'S NAME (FI	rst, Middle, Last)						T	2. DATE OF OEATH		1	. TIME OF DEATH
	Thom	AS 1	Thit field	,						DAY	YEAR	10:08 0
	4. SOCIAL SECURITY NU	MBER	5. SEX 6.	AGE (In yrs. Is		UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH	1		ACE (State or Foreign
	224-38	-1267	1 1 M 2 🗆 F	64	YRS.	NTHS DA	HOURS	MIN.	Month, Pay, Year)	28	Country)	Rene-
	Se. PACILITY NAME (# no	institution jve	street and number)		٧ 9	сцу, то	WN OR LOCAT	ION OF DE	ATH	9c. COUN	TY OF DEA	тн О
	Josep.	K Ku	chen low	rape	ee	Ba	21/	nd	21201			
	RESIDENCE OF DE	10b. COUNT	v - [10c. CITY, T	TOWN OR I	OCATION					
	Md					Ltim						Od. INSIDE CITY
	10e. STREET AND NUMBE	ER .			200.	COLM	10f. ZIP COI	DF.		10a CITIZ		YES 2 NO
:	10g. CITIZEN OF WHAT COUNT 21218 U.S.A.											A. 600MM
LONGHAL	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. A	RMED	13. WAS	DECENDENT	OF HISPANI	C ORIGIN? (Specify Ye	a or No—	14. RACE -	- American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						s, specify Cub YES 2 NO		, Puerto Rican, atc.)	- 1	Specify:	White, atc.
0						1				1		Black
	(Specify of	ECEDENT'S EDI only highest grad	e completed)	(0	ECEDENT'S US Give kind of work e. Do NOT use re	done durin	PATION g most of work	ing	16b. KIND OF BU	JSINESS/INDU	JSTRY	
	Elementary/Secondary	(0-12)	College (1-4 or 5+)		onstri		on La	bore	r			
	17. FATHER'S NAME (First,	Middle, Last)							ME (First, Middle, Maide	- Currence)	_	
5	Sidney W		eld						ane Bra			
	19a. INFORMANT'S NAME			19	96. MAILING AD	DRESS (St	eet and Numb	or or Rural R	oute Number, City or Tox	wn, State, Zip	Code)	
2	Catherine	Pinn		- 1			k Ave					Q
	20a. METHOD OF DISPOS 1 X Burial 2 Crema			20b. PLACE	ANDDATEOF	PISPOSITIO		mue,	OATE 20c, LO	OCATION C		
	4 Donation 5 Oth		noval from Stata	Loud	den Pa	piece)	Cem.		11/9 B	altim	ore	Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	JOSEPH L. RUSS FUNERAL HOME, 2222-2 West North Avenue, Balto., MD 21216											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.											
	shock, or haart failure. List only one causa on each lina. IMMEDIATE CAUSE (Finel Onset and Dea											
	disease or condition											
	reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
5	Sequentially list conditions, Due to jon and a conscouence of:									monoth		
2	if any, leading to imm cause. Enter UNDERL	nedlate	OUE TO (OR	ATT A CONSE	OUENCE OF):	-1	0	1011	118			1
3	CAUSE (Disease or in		DUS-TO (OR	AS A CONSE	OUENCE OF):	15/(J 8	in	us			171
CERTIFICATION	that initiated events resulting in death) LAST DUE-10 (OR AS A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A A CONSEQUENCE OF): A X A X A A CONSEQUENCE OF): A X A X A A CONSEQUENCE OF): A X A X A A CONSEQUENCE OF): A X A X A A A CONSEQUENCE OF): A X A X A A A A A A A A A A A A A A A											131,20
		-				167	400	7	77.0			1-7-
MEDICAL	PART II. Other aignifi	cant condition	na contributing to de	eth but not	resulting in t	he under	lying ceuse	given in F	Part i. 24s. WAS AF		A	PERE AUTOPSY FINDING MAILABLE PRIOR TO
ă									1 YES	2 NO		OMPLETION OF CAUSE OF DEATH?
		_							_		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL										
딣	EXAMINER?	TO MEDICAL	HOSPITAL:			THER:	6. PLACE OF			111		A.
H	27. MANNER OF DEATH		28a. DATE OF INJ	URY	26b. TIME O	F 28c	INJURY AT		28d. DESCRIBE HOW	INJURY OCC	URED	•
		Pending investigation	(Month, Day,	Year)	INJURY		WORK?		- 22 .27			
D BY	2 Accident 3 Suicide 8	Could not be	28e. PLACE OF IN building, atc.	IJURY — At h	ome, tarm, stre	et, tactory,	offica		281. LOCATION (Street		or Rural Rou	ite Number,
쁘	4 Homicide	detarmined	building, are.	((Opecity)					City or Town, State)		
7	29a. CERTIFIER 1 CE	RTIFYING PHYS	ICIAN: To the best of my	knowledge, d	eath occurred a	t the time,	date end plac	a, and due t	to the cause(a) and ma	nner sa state	d.	
COMPL			ER: On the beals of axam									nd manner as stated.
Č W	29b. SIGNATURE AND TIT	LE OF CENTURE	# A		-		29c, LIC	ENSE NUMI	BER	29d. DATE	SIGNEO (M	fonth, Day, Year)
n	Jali	NYE	Sour	w	M	2	D	080	100)	11	-6-	92
2	30. NAME AND AGORESS	OF PERSON W	O COMPLETED CAUSE O	OF DEATH (ITE	M 27) (Type, Pri	nt)	4	1	-0/ -	1-/	10 1	
Serie .	KODENT	C	Lrwin	us		28 V	1.64	aw.	St. Bail	Do VI	lef	21201
	31. DATE FILED (Month, De	y, Year)	P. REGISTIARTS	SIGNATURE	200							
	NUV 1 2	1992	grand sound	Man Nost	1							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

saniai m

Mary Salar

FOR STATE REGISTRAR
1. DECEDENT'S NA
4. SOCIAL SECURIT
96. FACILITY NAME SINA!
10a, STATE
10e. STREET AND N
11. MARITAL STATU

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

31651 92

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
	SUSIE WALKER			MONTH DA	9 YEA	R Localo A					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. le	st birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign					
	217-38-6263 1 M 2 XF 51 YRS. MONTHS DAYS HOURS MIN. (MORP, Day, Viger) 1/05/1/25/1/										
	9a. FACILITY NAME (If not institution, give street and number)		WN OR LOCATION OF DE		9c. COUNTY C	F DEATH					
8	SINAL HOSPITAL OF BALTIM	ORE BA	LTIMORE	City							
DIRECTOR	RESIDENCE OF DECEDENT			0.10							
	10a. STATE 10b. COUNTY	10c, CITY, TOWN OR I				10d. INSIDE CITY LIMITS?					
		BALTI				14 YES 2 NO					
MA I	100. STREET AND NUMBER 2503 VIOLET AVE 101. ZIP CODE 2 1 2 1 5										
FUNERAL											
	1 Never Married 2 Married FORCES? 1 YES 2	NO If yo	DECENDENT OF HISPAN	n, Puarto Rican, atc.)							
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 [YES 2 NO Specify		22 lant						
a	15. DECEDENT'S EDUCATION 16a. D	ECEDENT'S USUAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUSTR	N MACK					
۱.	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of work done duri Do NOT use retired.)	ng most of working								
COMPLET	Vi	silin 1	Vunse								
Ö.	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	ME (First, Midgle, Maiden	Surnama)						
ш			MAR	4 WAI	Ker	/					
TO B	19a. INFORMANT'S NAME (Type/Print)	b. MAILINO AODRESS (S	treet and Number or Rural P	oute Number, City or Town	n, State, Zip Code	116					
-	Mrs. Mary WALLER	2503 11	olet AV	e. Apt 609	PRAI	10 And 21215					
	20s. METHOD OF DISPOSITION 1 D GUIdel 2 Cramation 3 Removal from State Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Company Com										
	4 Donation 5 Other (Specify) 977, 2100 Cem										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAI	ME AND ADDRESS OF MAC	ISS FUN	erAl 1	Home					
	Joseph L. Kuse	22	23 111. 11	on the As	10 B	116 mlso					
	23. PART I. Enter the diseases, or complications that caused the d	eath. Do not entar the	mode of dying, such	as cerdiac or respi	ratory arrest,	Approximate					
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death										
ľ	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
z I	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
Ĕ	cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSE	QUENCE OF									
E	resulting in death) LAST										
뜅	a										
⋠∥	PART II. Other aignificent conditions contributing to deeth but not	resulting in the under	lying cause given in i	Part i. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
EDICAL				1 _ YES 2	1.4	COMPLETION OF CAUSE OF DEATH?					
뿔					`	1 YES 2 NO					
ž I											
중	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	1 YES 2 NO 1- Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
표	27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Dey. Year)	28b. TIME OF 286	WORK?	28d. OEŞCRIBE HOW IN	JURY OCCURED						
à l	2 Accident Investigation		YES 2 NO								
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										
<u> </u>	4 Homicide determined										
d N	29a. CERTIFIER (Check only one)	eath occurred at the time,	data and place, and dus t	to the cause(a) and man	ner as stated.						
COMP	MEDICAL EXAMINER: On the besis of axamination and/or	investigation, in my opini	on, death occured at the t	time, data and place, and	dua to the caus	se(a) and manner as stated.					
4	29b. SIGNATURE AND TITLE OF CERTIFIER	N	29c. LICENSE NUM	BER	29d. DATE SIGN	NEO (Month. Day, Year)					
Į	musica, m. 7 onalonica, em	W,			▶ 1/	18192					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
100	CINIAI HOODITAI -	1	1 - 1	0 /							
,	SINAL HOSPITAL C	FBA	LTIMO	KE							
	SINAI HOSPITAL C 31. DATE-FIRED (MONTY, Day, Your) 32. REGISTRAR'S SIGNATURE— NOV T 2 1992 Gulle Burdson Mandal	FBA	LTIMO	KE							

DIVISION OF VITAL RECORDS, P.C	OF VITAL RECORDS, P.C	ISION OF VITAL RECORDS, P.C	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TAL RECORDS	OF VITAL RECORDS	ISION OF VITAL RECORDS	DIVISION OF VITAL RECORDS
TAL REC	OF VITAL REC	ISION OF VITAL REC	DIVISION OF VITAL REC
TAL	OF VITAL	ISION OF VITAL	DIVISION OF VITAL
	OF VI	ISION OF VI	DIVISION OF VI

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 1992 YEAR Russell W. Weir 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, 104) 13 HOURS MD 213-07-1856 1 M 2 F 79 YRS. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Med. Center Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD Baltimore City 1 YES 2 NO detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 502 S. Streeper St. 21224 U.S.A nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Unk. Unk. Steelworker Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) Charles Weir funeral director, page 5 should be notified at Blanche BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles Weir 9508 Hickory Falls Way Baltimore, MD 21236 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Care Lawn Cem. 11/13 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE B. Dabrowski & Son Funeral Home Rmeere 2818 E. Baltimore St. Baltimore, MD 21224 ed in by the t medical 23. PART I. Enter the diseases, or complications that caused the leath. Do not enter the mode of dying, such as cerdiac or respiretory arrest, een signed by the attending physician and completely filled in by in Health and Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heert failure. List only one couse on each line rrhytmia interval Between Onset and Death IMMEDIATE CAUSE (Final the Loronary Artery disease or condition resulting in death) Minutes event, DUE TO (OR AS A CONSEDUENCE OF): executed Coronam traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Myocardial cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO thipo thyroidism any COMPLETION OF CAUSE 1 ☐ YES 2 ☐ UNO OF DEATH? shows a 1 YES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 ND BY After death 2 Accident OR ATTENDING 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined DIRECTOR: Nours after of COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER

(Check ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Summy. 11/10/92 D35070 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Md 21212 Backmon Susan K. 100 N. Broadway Ferrand 31. DATE FILED (Month, Day, Year) PEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOV/1/2/1992

REG. NO.

2 DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

the death

_
10
-
9
7
00
9
30X 68
0
BO)
0
Ω.
Ś
<u>E</u>
RECORD
O
ш
\propto
_
TAL
-
=
4
0
7
õ
O NOISION O
S
=

3. TIME OF DEATH MONTH VOV. DOFO 50 3 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH (Month, Day, Year) SEPT-24 1904 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State 46297 1 M 25 F YORK nsw within 24 nours after death. Page 6 may be retained by the hospital or attending physician. poletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR timore OWSON RESIDENCE OF DE 10c. CLTY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MOR 1 - YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21234 1. S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced THU COMPLETED 15. DECEDENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY mpleted) Elementary/Secondary (0-12) College (1-4 or 5+) 12YRS AT Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WAGNER notified at BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FAMILY RICORD 2 20a, METHOD OF DISPOSITION
136 Buriel 2 Cremetion 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of I PATE must 20c. LOCATION - City or Town, State SACRIO HIART OF JESUS 4 ☐ Donation 5 ☐ Other (Specify) PARYLANC 22. NAME AND ADDRESS OF FACILITY
EVANS CHAPEL OF MEMORIES
8800. HARFORD ROAD - PARKYLL the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS (d) completely filled in by the 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate 6 IMMEDIATE CAUSE (Finel Onset and Death cremation. disease or condition DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF): Injury, or other traumatic event, reaulting in death) executed this certificate has been signed by the attending physician and con with the State Dept. of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO OR AS A CONSCOUENCE OF certificate be Hear CAUSE (Disease or Injury that initiated events resulting in death) LAST a Vascular Insuthiciency PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 23 shows any PERFORMED? 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Out 1 TES 2 NO OTHER: DOA e 5 🗆 Residence & 🗆 Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28e. OATE OF INJUR (Month, Day, Year 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 1 YES 2 NO THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 260. PLACE OF INJURY 3 Suicide At home, ferm, atreet, fectory, office COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hem 29s. CERTIFIER
Chack only
1 CERTIFYING PHYSICIAN: To the best of my kind death occurred at the time, date end place, end due to the cause(s) end menner es stated. TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 has IMPORTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or ed at the time, date and place, end due to the cause(s) end menner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 9 10 5 30. NAME AND ADDRESS OF PERSO WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) NOV 1 2 1992 32 REGISTRAR'S SIGNATURE DEVILOR - RONDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

1110

	Š
o o	delain
314	bosson
-	A. a.a.
, P.O. BOX 13146,	differente
7. O	44
ņ	the da
분	640.00
	The second second
AL	-
>	- Interior
5	00000
DIVISION OF VITAL RECORDS	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
2	-
	-

9		210-30-6396
2, 3 should		9e. FACILITY NAME (If not institution, give street
en ei	ا 8 ا	ST. AGNES HOSPITA
-	5	RESIDENCE OF DECEDENT
Sages	뿐	10e. STATE 10b. COUNTY
Ę.	□	MARYLAND BALTIN
реп	ĭ.	10e. STREET AND NUMBER
ending physician. as the burial-transit permit. Pages 1,	当	606 Olesmont Road
sicia ial-tr	ا ۾	11. MARITAL STATUS
e bu	<u>≻</u>	1 Never Merried 2 Merried 3 T Widowed 4 Divorced
as th		
al or atte		15. DECEDENT'S EDUCAT (Specify only highest grade cor
icician: The law requires that the death certificate be executed within 24 moins after death. Page 6 may be retained by the hospital or attending physician certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transite State Dept. or Health and Merital Hyghens prior to burial, cremation, or removal. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9th
hosp ache	ME	17. FATHER'S NAME (First, Middle, Last)
the del	8	Branch W. WILES
ed by	BE	19e. INFORMANT'S NAME (Type/Print)
SICIAN: The law requires that the death certificate be executed within 24 mains after death. Page 6 may be retained by the hospital conflictate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the State begs. of Health and Mental Hyghere prior to burial, cremation, or removal.	2	
be n		M. Elizabeth Diffe
o may		1 🔯 Burlel 2 🗆 Cremetion 3 🗆 Remove
direct		4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICEN
min P		21, SIGNATURE OF PONENAL SERVICE LICEN
re death. Page 6 may be retained by the hospital or attending physer fireful director, page 5 should be detached for use as the buril val.		m. I pol
CIAN: The law requires that the death certificate be executed within 24 mounts after certificate be seen signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal or item 23 shows any injury, or other traumatic event, the medical		23. PART I. Enter the diseases, or con ehock, or heert fellure. Lie
or n		IMMEDIATE CAUSE (Finel
the		disease or condition
withii plete crem		reaulting in death) a
com rital,	-	
exec and to proper	ō	Sequentielly list conditions, if eny, leading to immediate
siciar prior trau	SAI	cause. Enter UNDERLYING
tifical phy ene	Ĕ	CAUSE (Disease or Injury that Initiated events
nding Hygi	R	resulting in death) LAST
deatl deatl atte entai	뜅	
E W the	AL	PART II. Other significent conditions
IAN: The law requires that the death certificate be executed with tricate has been signed by the attending physician and comple e State Dept. Or Health and Mental Hyphene prior to burial, or item 23 shows any injury, or other traumaftc even or item.	HYSICIAN: MEDICAL CERTIFICATION	COLONIC ADENOCAL
guires Hea Ows	ME	
w rec beer pt. of	÷	
he lar has e Deg	IAI	25. WAS CASE REFERRED TO MEDICAL
N: The ficate h State C	Sic	EXAMINER? 1 YES 2 X NO 1
SICIAN certific the		27. MANNER OF DEATH
NG PHYS fter this eath with	9	1 Natural 5 Pending
After death	ВУ	2 Accident Investigation 3 Suicide & Could not be
DR ATTENDING PHY DIRECTOR: After this hours after death with		4 Homicide 8 Could not be determined
DR AT DIREC hours	됴	290. CERTIFIER
AL D AL D	MP	(Check only
HOSPITAL DR ATTENDING PHY FUNERAL DIRECTOR: After this within 72 hours after death wit MANT: If Item 28 is market	Ö	2 MEDICAL EXAMINER:
TO THE HOSPITAL DR ATTENDING PHYSIOD THE FUNERAL DIRECTOR: After this of fied within 72 hours after death with MPORTANT: If Item 28 is marked,	BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIER
6 6 3 M		Bert 3
	5	30. NAME AND ADDRESS OF PERSON WHO

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH		
MARGARET E.	WALLACE				11	09 9	2 (0330 A M		
4. SOCIAL SECURITY NUMBER 216-30-8396	5. SEX 6. AGE	(In yrs. laat birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year SEPT 27		Country) MARYI	ACE (State or Foreign		
9e. FACILITY NAME (If not institution, give s	21 02	-	9b. CITY, TOWN	OR LOCATION OF D			Y OF DEAT			
ST. AGNES HOSPITAL BALTIMORE										
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY 10c, CITY, TOWN OF LOCATION 10d.										
								d. tNSIDE CITY LIMITS?		
MARYLAND BALT	IMORE		ATONSVI	LLE of, ZIP CODE		TAN CITIZE		YES 2 X NO		
(0) 01 7 - 1										
11 MARITAL STATUS 12 WAS DECEDENT EVER IN U.S. ARMED 13 WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Veg of No.) 14 BACE A										
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2										
3 Widowed 4 Divorced	11 120, 0112 1011 011		'''	a a to the contract	,.		opeony.	White		
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPA work done during is se retired.)	TION nest of working	16b, KIND OF	BUSINESS/INDU	STRY			
Elementery/Secondery (0-12)	College (1-4 or 5+)									
9th		homem	aker	T		memaker				
17. FATHER'S NAME (First, Middle, Last) Branch W WILES					ME (First, Middle, Mai					
19e. INFORMANT'S NAME (Type/Print)	Branch W. WILES Margaret E. KAISER 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)									
M. Elizabeth Dif	fenhaugh				onsville					
20e, METHOD OF DISPOSITION		0b. PLACE OF DISPO				LOCATION - CI	21228			
1 M Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovat from State	other place)								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								<u> </u>		
HUBBARD FUNERAL HOME, INC.										
23. PART I. Enter the diseases, or	complications that cause	ad the death. Do						21229 Approximate		
ehock, or heert fellure.	Liet only one ceuse on		not enter the r	iode of dying, sa	or ac cardiac or re	apriatory arre-	,	Interval Between		
IMMEDIATE CAUSE (Finel disease or condition	IMMEDIATE CAUSE (Finel									
a. PULMONARY EMBOLI DUE TO (OR AS A CONSEQUENCE OF):										
DUE TO (OTI AS A CONSEQUENCE OF):										
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):							
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND								-		
								ERE AUTOPSY FINDINGS WILABLE PRIOR TO		
COLONIC ADENOCARCINOMA WITH METASTASES COM								OMPLETION OF CAUSE F DEATH?		
OF DE								YES 2 NO		
N TES 2 I NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? DISPUTAL: OTHER:										
1 TES 2 X NO	HOSPITAL: 1 Inpatient 2 In ER/Ou	itpatient 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	8 - Other (Specify)					
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,	Y 285. TIR	JURY	NJURY AT VORK?	26d. DESCRIBE HO	W INJURY OCCU	JRED			
1 K Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO										
3 Suicide s Could not be determined 4 Homicide determined 269. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 269. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, Stete)										
4 Homicide determined										
one)	ER: On the beele of examine							nd menner ea stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	R 1 7 - 4 /			29c. LICENSE NU	IMBER	29d. DATE	SIGNED (M	Ionth, Day, Year)		
Best 3	7. Whote	m, m.	D	D089	149	•	11/0	09/92		
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	e, Print)							
BERT F. MORT	ON, M.D. S	ST. AGNES	HOSPIT	AL 900 S.	Caton A	zenue 2	1229			
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIG									

be retain	age 5 sho	be notifi
toe 6 may	director, p	r must
death. P.	e funeral	examine
ours after	t in by th	medical
ithin 24 h	letely filler emation,	nt, the
ocuted w	and comp burial, cr	atic eve
cate be e	ohysician e prior to	er traum
eath certif	attending patental Hygien	f, or oth
that the d	d by the	iny Injur
requires	of Health	shows
The law	cate has t	Item 23
HYSICIA!	his certifi	ked, or
ENDING	A After	I Is mar
L OR ATT	THE STATE OF	2
HOSPITA	FUNDA	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNDATE OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be in the funeral director, page 5 sho in the funeral director, page 5 sho	IMPORTANCE IF THE 21 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi-

e retained by the hospital or attending physician. 5 Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret fer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s saft with the State Dept. of heath and Mental Hyglene prior to burial, cremation, or removal. The state of them 23 shows any injury, or other traumatic event, the medical examiner must be not
TTENDING TOP After The death

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE (OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) CELIA	WE	INER		2. DATE OF DEATH MONTH DAY	9 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 2 1 7 - 0 9 - 30578		YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 9 - 22 - /	Count	MARYLAND		
CIOR	BALTIMURE COUNTY	" GENER HOSPI	TAL R	ANDALL		BC. COUNTY OF E	TIMORE		
DIRECTOR	MARYLAND 10b. COUNTY		10c. CITY, TOWN	IMORE 100, ZIP CODE		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL		FALLSTAFF RD., APT. 25				USA	WHAT COUNTRY?		
B	1 Never Married 2 Merried FORCES				ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, stc.) 1 YES 2 NO Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	or 5 +)	ECEDENT'S USUAL O Give kind of work done a. Do NOT use retired.) HOUSEWIFE	CCUPATION during most of working		SE. KIND OF BUSINESS/INDUSTRY AT HOME			
ш	17. FATHER'S NAME (First, Middle, Last) ABRAHAM STYAR			16. MOTHER'S N.	AME (First, Middle, Melden S AH SUC	Surname) GARMAN			
E O E	190. INFORMANT'S NAME (Type/Print) ALBERT M. WEINER	t!		DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FALLSTAFF RD APT 25 BALTO MD 21					
	20a METHOD OF DISPOSITION 1 ABurlal 2 Cremation 3 Removal from Sta 4 Denation 6 Other (Specify)	20b. PLACE cemeterio	HEB' SHALC	PERFORM MEMORIAL PARK 11/5/92 REISTERSTOWN, MC					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	INC.	MD 21215						
2	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, above, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. MY O CAR DIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):								
CERITICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
BY PHYSICIAN:	1 VES 2 NO 1 Inpatien 27. MANNER OF DEATH 28a DA (Mc) (Mc) Netural 5 Pending	6 Other (Specify) 28d. DESCRIBE HOW IN	(Specify)						
CIED	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLE	29a. CERTIFIER (Check only one) 1 Check EXAMINER: On the basis						e) end menner ee stated.		
O DE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	PHYS	ICIAN	29c. LICENSE NU	MBER	≥ / /	3.92		
	AV TAK S. BASS 31. DATE FILED (Month, Day, Year)	CAUSE OF DEATH (ITE	IM 21) (Type, Print)	. C, G. H					
	NOV 1 2 1992	William Stanford							

and the second of the

TO PETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Completely filted in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be made after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) ALBERT WEITZMAN 2. DATE OF DEATH MONTH DAY 1-7-92 3. TIME OF DEATH MONTH T-7-92 3. TIME OF DEATH									3. TIME OF DEATH			
						12	17	4 N	11-11-12			310p M	
	4. SOCIAL SECURITY NUME				s. last birthday) YRS.	IF UND	DER 1 YEA	1	7.	DATE OF BIRTH (Month, Day, Year)	ATE OF BIRTH 6. BIRTHPLACE (State or Followth), Day, Year)		
	212-03-7411 1 M 2 F 82									01-10-1	MARYLAND		
OR	BALTIMORI	E COUNT	and the second	AL HOS	PITAL	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT RANDALLSTOWN BALTIMO							
5	RESIDENCE OF DEC	10b. COUNTY	,		40a CIT						404 HIGHE OITY		
DIRECTOR	MARYLAND		LTIMORE			0c. CITY, TOWN OR LOCATION 10d. INSIDE CI LIMITS? $BALTIMORE$ 1 Γ Yes 2 Γ					LIMITS?		
- 1	10e. STREET AND NUMBER					10f. ZIP CODE 10g.					10g. CITI	ZEN OF	WHAT COUNTRY?
ER/	6617 SAN2	ZO RD.	, APT. C					2120	9		US	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Vidowed 4 Divo		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S I YES 2'NAR OR DATES	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yea, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:			Spec				
		EDENT'S EDU		164	. DECEDENT'S	DENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS.				INESS/IND		WHITE	
COMPLETED	(Specify onl	y highast grade	completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work don se retired	ne during d.)	most of working					
립	12				TAIL	TAILOR CLOTHI					ES		
0	17. FATHER'S NAME (First, M	liddle, Last)				16. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE C	ALEXANDI	ER WE	ITZMAN					R	EBE	CCA RESI	NICK		
	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRE	ESS (Stre	et and Number or Ru	al Route	e Number, City or Town	, State, Zip	Code)	
2	MRS. FLORE	ETTE W	EITZMAN		66	17 c	כיז א א דיכ	מ מם סי	DITT	C DALM	N	(D	27.200
	20e. METHOD OF DISPOSIT	ION		20b. PL.	ACE OF DISPO	SITION	(Name of	cemetery, crematory	or -	20c. LO	CATION -	City or To	21209 own, Stata
	4 Donation 5 Other		Over from State			GTON	N (C	HIZUK AM	UNC)11/9/92	BAI	OT.	,MD
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Jay (Man Levis					SOL LEVINSON & BROS., INC.					MD 23235		
	23. PART I /Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset end Death BYOCARD IAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									interval Between			
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AWAILABLE PRIOR TO												
N: MEDICAL										COMPLETION OF CAUSE OF OEATH?			
Y.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE ACCEPTATE												
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Outpet lent 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)												
PHYSICIAN:	27. MANNER OF PEATH 280. OATE OF INJURY 1 Netural 5 Pending 280. OATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 1 VES 2 NO												
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 26e. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Route Number,				
COMPLET	(Oridon Oriny		and the second second second							the ceuse(a) and mar ne, date end placa, en			(a) end manner ee stated.
BE	29b. SIGNATURE AND TITLE	E OF CERTIFIE	1/11/1	1,0				29c. LICENSE	NUMBE	ER / ()	29d. DAT	E SIGNE	0 (Month, Day, Year)
2	30. NAME AND ADDRESS OF	4NOL	-D DE	A5	TRE	e, Print)	BI	Himor	Q E	-COUNT	16E	NEV	ral Hosp-
	NOV 1 2 19		32 REGISTR	AR'S HENALL						/			/

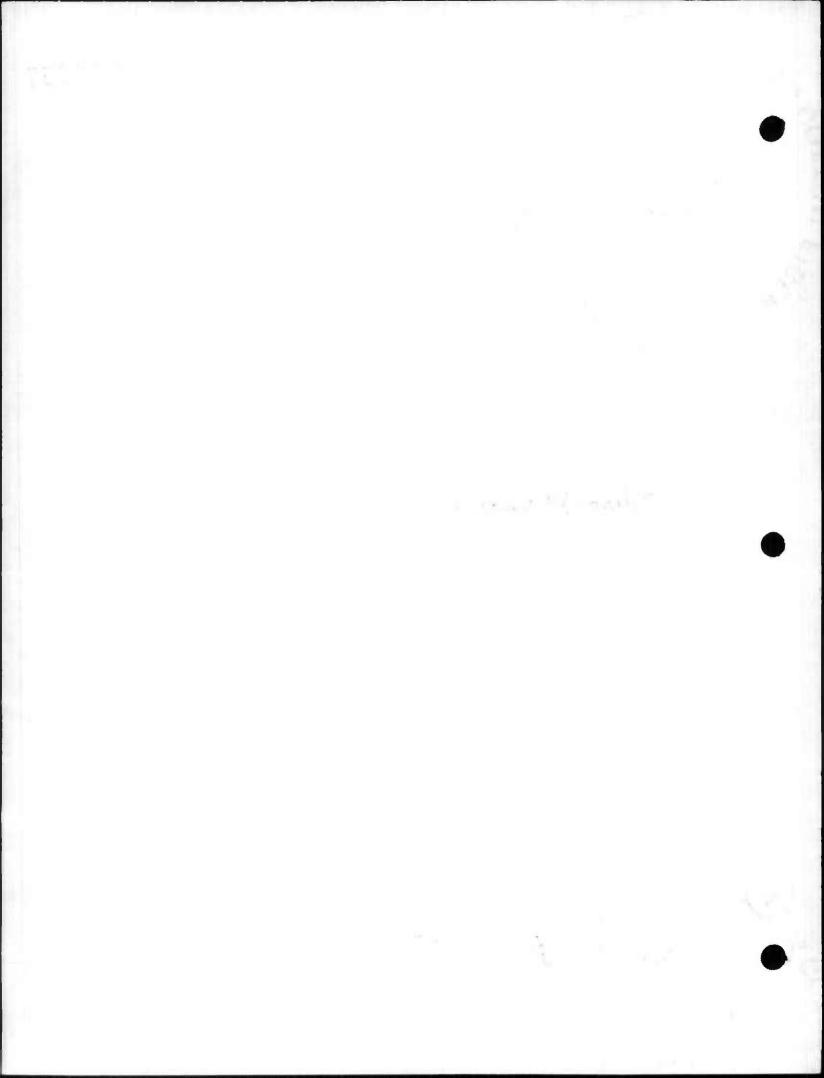
	4
0	-
9	
	7
00	1
(0)	
_	
\sim	-
0	- 1
BOX 68760,	ı
$\mathbf{\alpha}$	4
_	
<u> </u>	3
O	ì
	1
0	4
	- 1
CO	4
~	
	4
OC.	4
$\overline{}$	1
0	1
RECORDS	ď
\sim	-
ш	1
OC.	
_	
AL	1
ď	
	ź
	-
=	-
	- 1
OF VITAL	5
_	- 6
0	- 5
_	ě
Z	The second contraction of the second contraction of
0	3
U	i
	3
S	1
=	ŀ
_	
\equiv	- 2
DIVISION	- 1
	į

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH II- 5- DAY 1992 YEAR Whitfield Μ. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Day, Year) 9-26-1901 213-09-6562 1 XM 2 - F 91 YRS. Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Ivy Hall Geriatric Center Essex-MIddle River Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore XXYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16 South East Ave. 21224 U.S.A. use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician, od in by the funeral director, page 5 should be detached for use as the bunial-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHite COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Four Years Recreation Baltimore City once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Joseph Whitfield Mary Bryson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4311 Bayonne Ave. Balto., Md. 21206 2 Mary Esler 99 20a METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must Cometery, crematory or other place)
Oak LAwn Cemetery 4 Donation 6 Other (Specify) 11-7-1992 Balto., Md. 2122 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Moran Ashton Funeral Home, Inc.
DOOD 83 3000 E. Baltimore St., Balto., Md. 21224 examiner completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition CARTIAL ARREST .

DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) ACUTE MYOCARDIAL INFARCTION prior to burial. traumatic O and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO 0 has be PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 Residence 6 Other (Specify) 6 the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked, 1 Natural
2 Accident this 5 Pending Investigation 1 YES 2 NO BY death 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 80 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 200 II Item 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL within 72 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 988 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 開 Collin ٤. DO 2466. arra MI 11-6/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

2 1992



TO BE COMPLETED BY FUNERAL DIRECTOR

MERAL'DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

Anty'it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE CÓMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Item 1, Fil	lm 694,	per MEO,	12/3/	92 gn
92-6360-510	ITEMS:	23 PART I,27,	PER MEO	G-693 1

92-6360-510 IT	TEMS: 23 PART I,27	PER MEN G-	603 11/25/02	mah CIP	92	2 3 658
FOR 1 STATE	STATE OF MARYLAND	DEPARTMENT	OF HEALTH AND	MENTAL HYGIE	NE	
REGISTRAR	C	ERTIFICATE	OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)		Z	ACOT	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
JADE M	Bue Z		ACOT			92 10:10 A M
4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. In	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	1 M 2 F	YRS.	7	10-2-	-92	maryland
9a. FACILITY NAME (If not institution, give street	et and number)	9b. CITY, T	OWN OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH
FRANCIS SCOTT K	EY MEDICAL C	ENTER	BALTIMORE	<u> </u>		
10a. STATE 10b. COUNTY		10c. CITY, JOWN OR	LOCATION			10d. INSIDE CITY
maryland		Bal	li mone	/		LIMITS?
10e. STREET AND NUMBER	()	1 2771	10f. ZIP CODE		10g, CITIZEI	N OF WHAT COUNTRY?
5603 Sm	clair La	apt D	2120	(0	11	1.SA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF		S DECENDENT OF HISPA	INIC ORIGIN? (Specify Y	bs or No— 14	. RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 YES 2		res, specify Cuben, Mexic YES 2 NO Speci			Black, White, etc.
3 Widowed 4 Divorced						While
15. DECEDENT'S EDUCA' (Specify only highest grade co	ompleted) (G	ECEDENT'S USUAL OCC		16b. KIND OF B	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Do NOT use retired.)				
		BADY	<u> </u>			
17. FATHER'S NAME (First, Middle, Last)	1. +		18. MOTHER'S N.	AME (First, Middle, Maide	n Sumame)	
	ACO!		IAIO	IA Ed		
19a, INFORMANT'S NAME (Type/Print)	C	MAILING ADDRESS	Street and Member or Feylia	Route Number City or It	wn, Statu, Zip Go	ide) (
11113, valleri	PPAZIER	0605 Fx	iglishOF	4KC/10	Pllin	novemol,
20a. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Remove		AND DATE OF DISPOSITI	Warme of Pro	DATE (290. C	OCATION 7 CH	or flown, State
4 Donation 5 Other (Specify)	Ito	14 1711	5 Com	1 //x	70/81	wer That
21. SIGNATURE OF FUNERAL SERVICE LICEN	A A	20	Se Ph	LU55.	1-414	eral Home
* osenh	L. Kuss	2	232W,	Vow th Ac	e Bo	110, 1/2016
23. PART I. Enter the diseases, or con	mplications that caused the dest only one cause on each line	eath. Do not enter th	ne mode of dying, suc	ch as cardiac or res	piratory arrest	
IMMEDIATE CAUSE (Final	st only one cause on each line	J .				Interval Between Onset and Death
disease or condition resulting in death)	SUDDEN INFANT D	FATH SYNDON	IE.			
rosulting in deathy	DUE TO (OR AS A CONSE		150			
Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):				
CAUSE (Disease or Injury						
that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):				
resulting in death) LAST						
PART II. Other significant conditions	contributing to death but not	resulting in the unde	eriving cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
				PERFO	ORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
				- 1 YES	2 NO	OF DEATH?
				—		1 DVYES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	trot acts cost		
EXAMINER?	HOSPITAL:	OTHER:		and the same		
27. MANNER OF GEATH	1 ☐ Inpatient 2 ☐ ER/Outpatient 3 28s, DATE OF INJURY		g Home 5 🗆 Residence 8c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCUR	OCD.
¹X⊠ Natural 5 ☐ Pending	(Month, Day, Year)	INJURY	WORK?	200. DESCRIBE NOW	INSUNT OCCUP	ieu
2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY — At N			281 LOCATION (Street	I and Mumber or	Sharel Sharin Mareher
3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
An CONTROL						
Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check						
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.						
29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 1 1 -		29c. LICENSE NU	IMBER		IGNED (Morith, Day, Year)
would & U	Iright Mil	>.	0.C.	M.E.	11	/09/1992

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

111

Penn Street, Baltimore,

WRIGHT,

G.

DONALD

31. DATE FILEO (Morith, Day, Year)

21201

DHMH-16 Rev 1/89

Maryland

must be notified at once.

	20	5	è
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
	p a	15 th	6
	afti	DE P	Ca
	SUPS	4 7	ned
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he
	듩	mat	7,
٠	W	app or or	Wer
	ote	3 1	3
	excec	and o	mat
	8	cian for t	30
	cate	mysi bu	or to
	intific	d Di	ŧ
	h ce	E S	5
	deat	at at	3
	the	the T	를
	hat	and and	'n
	es t	gne	60
	quir	I H	3
	W re	bee X	20
	e 3	has	23
	Ē	ate	ten
	IAN	rtific Ne S	10
	Sic	th th	Ď,
1	H	THE W	arke e
	ING	After	Ē
	S	R: /	8
	ATT	Sat	1 28
	9	DIS POR	ten
•	AL	32	Ξ
	SP	Thin	K
	7	己多	TA
	표	THE SE	0
	2	22	Ξ

	FOR	OTATE OF MADVILL	ND / DEDAR	THENT OF I	IENITH AND I	AFNITAL INVOLEN		92	3165
•	STATE REGISTRAR	STATE OF MARYLA		TMENT OF FI		WENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	IV.	YEAR	3. TIME OF DEATH
	William F.	. Atwe	211			11-10-92			
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	311-24-3132	1 x M 2 □ F 6	9 YRS.	MONTHS UNIS	NOONS WIN.	09-11-23			hington,
_	9a. FACILITY NAME (If not institution, give stre	set and number)			OR LOCATION OF DE	ATH	2011	TY OF DE	
ē	5621 Batte Dr	rive		Churc	nton		An	ne A	Arundel
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
# I	MD Anne	Arundel	Ch	urchto	1				1 YES 2 NO
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	5621 Batte Dri				2073	3 3		USA	
5	11. MABITAL STATUS CICE DE	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14. RACE Black	- American Indien, White, etc.
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES		2 NO Specifi			Specif	USA
	15. DECEDENT'S EDUC	1944-4		USUAL OCCUPATI	ON	16b. KIND OF BUS	RINESS/IND	USTRY	UDA
1	(Specify only highest grade of	completed)	(Give kind of a	work done during me	ost of working	log. KiND OF BO.	3111633/1110	7031RI	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechan	nic		Automo	bile	9	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumeme)		
	William F. Atw	ell			Sadie				
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)	
임	Emma E. Atwell	_	5621	Batte	Drive,	Churchto	on,	MD	
	20a. METHOD OF DISPOSITION 1 Debutel 2 Cremation 3 Remo	20b.	PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 D Other (Specify)	La	kemont				vids	onv:	ille, MD
- 1	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE ///			ND ADDRESS OF FA			D .	
	Dall & W	rul				uneral Ho			
T	23. PART I. Enter the diseases, or co			not enter the m	ode of dying, auc	h aa cardlac or reap	iratory an	rest,	Approximate
	immediate cause (Final	List only ona cause on ea	ach line.	1					Interval Between Onset and Dear
ŀ	disease or condition resulting in death)		CVI	7					1170
		DUE TO (OR AS A	CONSEQUENCE O		1=				
Z	Sequentially list conditions,	D	CONSEQUENCE O	ATENS.	07				
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	E CONTEGUENCE O	rF):					
은	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	IF):					+
CERTIFICATION	reaulting in death) LAST		<i>(</i> .						
핑						- To solve		P	
¥.	PART II. Other algnificant conditions	a contributing to death b	out not reaulting	In the underlyle	ig cause given in	Part I. 24a. WAS AN PERFO		246	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	4/1/	100	, our	211	11/1/	1 TYES	2 (1) 110		OF DEATH?
M	- My/e	RCHOLESTE	10161711	7					1 TES 2 NO
ÿ	1/2/	iffered	VASC	115.					
o o	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	and the second			
IYS	1 TYES 2 PHO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	pettient 3 DOA 28b, TII		me 5 Residence	a ☐ Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OC	CIBED	
	1 Netural 5 Pending	(Month, Day, Year)		JURY W	ORK? YES 2 NO	280. DESCRIBE NOW	moon! oc	CONED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, farm,			28f. LOCATION (Street		r or Rural i	Route Number,
	4 Homicide a Could not be	building, etc. (Spec	clfy)			City or Town, State)		
9	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occur	red at the time, da	e end plece, end du	e to the ceuse(e) end me	inner es ata	rted.	
COMPLETED	coel only	R: On the basis of examination							e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	11	1 11		29c. LICENSE NU	MBER	29d. DAT	TE SIGNE	(Month, Pay, Year)
BE	Howes !	Ment	11	171	105		•	11/	11/92.
2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Ben	a Print	000				, , ,

CARONIC CISMETTER SMOKING. Hyperchoses Fermania					PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
		DSPITAL:	3 DOA	or only one:	Half-			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide a Could not be 4 Homicide defermined		28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	8d. DEŞCRIBE HOW INJURY OCCURED		
		28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,			

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR RONALD LEE CERTIFICATE OF DEATH REG. NO 'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ten A 648 re 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 5 28-4428 Maryland 2, 3 should 9a. FACILITY NAME (If not institution, 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 7824 Southampton Dr. 21060 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. n by the funeral director, page 5 should be detached for use as the burial-tran removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 N Married ΒY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gra Elementary/Secondary (0-12) College (1-4 or 5+) 6 Shop Steward Teamsters Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 76 BE Robert S. Altenburg Cora Mae Blight notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lee Altenburg 7824 Southampton Dr. Glen Burnie, MD 21060 å 20a. METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cometery, cremetory or other place)
Baltimore Cemetery Baltimore, 11 - 14examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. uane ns that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical 23. PART I. Enter the diseases, or complications that caused the dea shock, or heart failure. List only one cause on each line. filled in by Approximate interval Between Onset and Death 6 IMMEDIATE CAUSE (Final cremation, event, the disease or condition w requires that the death certificate be executed within 2 been signed by the attending physician and completely it. of Health and Mental Hygiene prior to burial, crematio resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, QUE TO (OR AS A CONSEQU 0 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST other DUE TO (DR AS A CONSEQUENCE OF): 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 NO OF DEATH? shows 1 YES 2 NO The law has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) r this certificate h Hell HOSPITAL:
1 | Inpetient 2 | PR/Outpatient 3 | DOA OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 'FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta e 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: 29d. DATE SIGNED (Month, Day, Year)

11-10 - 4 BE 6054 2 PLETED CAUSE OF DEATH (ITEM 27) IAM Nes 32. REGISTRAR'S SIGNATURE Davidson-Randell 13 NOV 1992

+

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. OECEDENT'S NAME (FIRST, MIDDIN, LOSS) MARIE M. BONNEVILLE		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH					
H	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birtholey) 1 M 2 F 7 YRS. HONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country) Maryland					
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ORIGINAL CRISFIELD SOMERSE T								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN O	SFZELD		10d. INSIDE CITY LIMITS? 1 VES 2 NO					
FUNERAL	307 LOCUST STREET	101. ZIP CODE		EN OF WHAT COUNTRY? USA					
BY FUI	1 Never Married 2 Married Ponces 1 Tes 2 No	MAS DECENDENT OF HISPAN 1 yes, specify Cuban, Maxicai YES 2 NO Specify	n, Puerto Rican, atc.)	4. RACE — American Indian, Black, Whita, etc. Specify:					
LETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.)		16b. KIND OF BUSINESS/INDU Seafood Wo:						
COMPLET	Elementary 4 17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surname)						
TO BE		(Street and Number or Rural F	Estelle Colli						
	Amos Jones, Jr 20e. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Street, Cri	Sfield, MD 218						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROnald Wade, Dir 22. N	NAME AND ADDRESS OF FAC 5W, Baltimore		my Board 1201					
ATION	28. PART i. Enter the disesses, or complications that caused the desth. Do not sinter shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING		n as cardiec or respiretory arres	Approximete interval Between Onset and Death					
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other aigniticant conditions contributing to death but not resulting in the underlying couse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. W. PERFORMED?									
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER	26. PLACE OF DEATH (Che	ick only one)						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factor building, atc. (Specify)		28I. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my open	ne, data and place, and due tinion, death occured at the f	to the cause(a) and manner as stated time, data and place, and dua to the	tause(a) and manner as stated.					
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUM D · 293		SIGNED (Month, Day, Year) -7-92					
	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	31. DATE FILED (Month, Day, Year) ANN 1 2 1002								

THE PROPERTY OF THE PROPERTY OF

1992

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

TY YES 2 NO

WHITE

Approximate

MIN

HOURS

HOURI

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2 -NO

Onset and Death

8. BIRTHPLACE (State or Foreign

MARYLAND

10g, CITIZEN OF WHAT COUNTRY?

USA

Specify:

2-37 PM

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ROLAND

LESLIE

BROWN, SR

1 -

-	
0	
(0)	
BOX 68760,	
-	
00	
10	
•	
6.4	
\sim	
-	
O	
-	
-	
- "	
Bh.	
CO	
-	
α	
=	
\mathbf{c}	
-	
C)	
ш	
~	
_	
-4	
-	
94	
_	- 1
	3
-	
OF VITAL RECORDS, P.O.	-
	- 1
11	- 3
	- 1
\circ	- 1
	-
	- 9
7	
	- 3
	- 3
-	- (
treate.	
S	1
	- 1
-	- 1
-	
DIVISION	- (
0	-
	- 2
	- 1
	i

NOV 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Ybar) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 😡 M 2 🗌 F 217-09-0425 YRS. 80 08 20 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9h CITY, TOWN OR LOCATION OF DEATH THE UNION MEMORIAL HOSPITAL BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10e, STREET AND NUMBER 3814 ELM AVENUE 21211 Nours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the bunial-trans 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf was specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Pue 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 🕅 Widowed 4 🔲 Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN ROOFER once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 CHARLES A. BROWN EDNA CHANEY BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JUDY GILDEE 297 W. 31st STREET, BALTIMORE, MARYLAND pe 20e. METNDD OF DISPOSITION
1 ☑ Burlat 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must STATE VETERANS CEM. 11/16/92 GARRISON FOREST, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME allan lei 3818 ROLAND AVENUE, BALTIMORE, MARYLAND 21211 completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition RESPIRATORY resulting in death) or other traumatic event, DUE TO (OR AS A CONSEGUENCE OF) executed burial, SEPSIS CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leeding to immediate cause. Enter UNDERLYING physician 2 PMEUMONIA **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events attending resulting in death) LAST the atten Injury, PART II. Other algnificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? has been signed by the Dept. of Health and I shows any 1 | YES 2 | 10 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h OTHER: 1 YES 2 NO inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with this 1 Natural 5 Pending м 1 YES 2 NO BY death DIRECTOR: After 2 Accident 26a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be after 28 4 Homicide hours ltem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated. TO THE FUNERAL D be filed within 72 hr IMPORTANT: It II 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. MENAULIE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE RESIDENT-MEDICINE 29d. DATE SIGNEO (Month, Day, Year) 불물 Milleumana NAW, 12, 1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO FIRPH J. DUTH UMBAND, UNION MENG. 1+03P. BALTIMORE, MD.)

Sinia day don handele

3 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

15

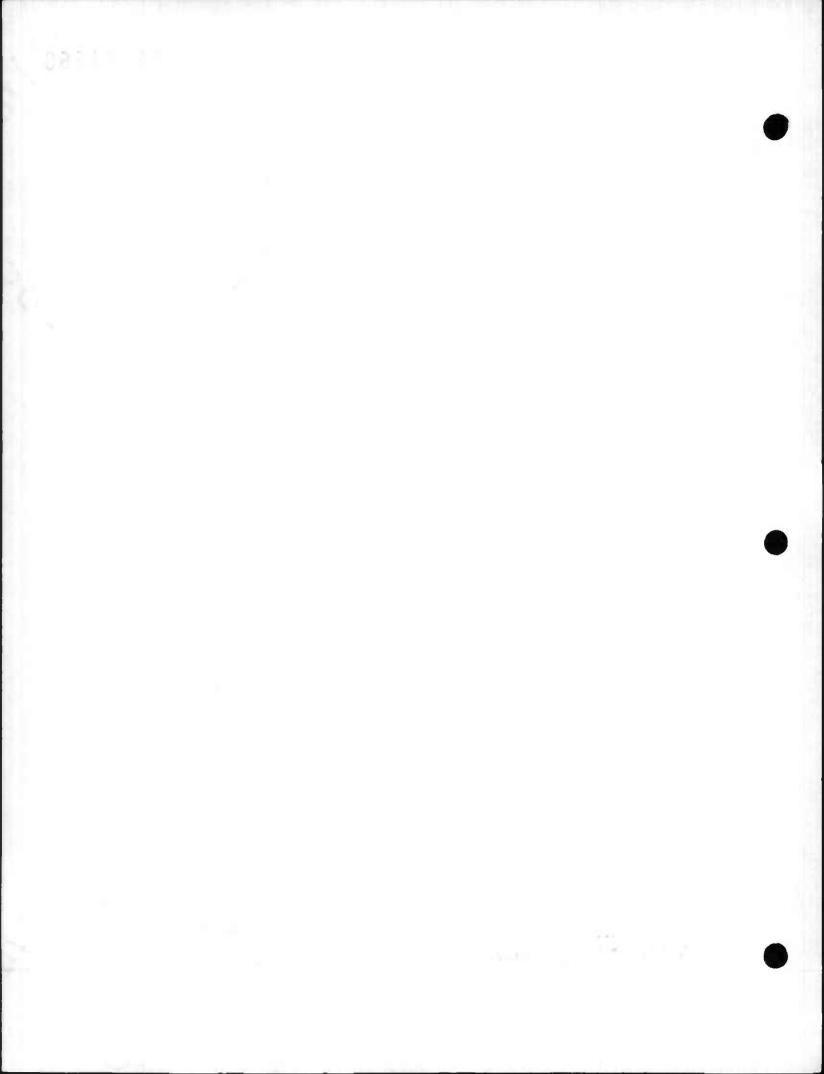


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA				IEALTH AND DEATH	MEN	TAL HYGIENE				
1	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH			TIME OF DEATH	
1	Gary		S.	Bel	hume	ur	1 "	11 08		9 2	5:25 P.M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		ATE OF BIRTH Worth, Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign	
	219-58-2805	XXM 2 □ F	41 v	RS.			SI	EPT.16,19			LAND	
-	9a. FACILITY NAME (If not institution, give		m			OR LOCATION OF			9c. COUNTY	OF DEA	TH	
0	University Hospital S.T.U. Baltimore City											
DIRECTOR	10a. STATE 10b. COUN	TY	100	city, tow	N OR LOCAT	1	Dd. INSIDE CITY					
ā	MARYLAND HOW	WARD		MBIA				1 YES 2 YNO				
IAL I	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	CITIZEN OF WHAT COUNTRY?			
10e. STREET AND NUMBER 9030 EARLY APRIL WAY 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 VINO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Very Propertion Recently Propertion Recently Propertion Recently Propertion Recently Propertion Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties Recently Properties										U.S.A.		
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	VER IN U.S. ARMED			ENDENT OF HISP ecify Cuban, Mexi			r No 14.	RACE -	- American Indian, White, etc.	
B≼	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 XXVIO Spec	cify:		- 1	Specify:	TTE	
8												
l Li	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) RETAIL											
MP	2 MANAGER PIZZA MOVERS											
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	FREDERICK BELHUMEUR JEAN WOLFF											
2	19a. INFORMANT'S NAME (Type/Print) LISA A. BELHUME	UR (WIFE)						Number, City or Town, LUMBIA, N			21046	
	20a. METHOD OF DISPOSITION	OK (WIFE)	20b. PLACE AND D				_		TAIC I LIP			
	1) Burial 2 Cremation 3 Res	movel from State	DULANEY	v ocornector	EY CF	METERY	11/1				ARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE (1								RAL HOMES	
	Kumuci	Dutte	7	I	LEROY	M. & RU	ISSE	LL C. WIT	CZKE F	UNE	RAL HOMES ARYLAND 2104	
	23. PART I. Enter the diseases, or	complications that ca	nused the death								Approximate	
	shock, or heart failure	. List only ona cause	on each line.			de or dying, ac	2011 88	cardiac or respira	nory arrest		interval Between Onset and Death	
	iMMEDIATE CAUSE (Finel disease or condition	MULTI	PLE IN	JUNI	D.C						Onset and Death	
	resulting in death)	DUE TO (OF	AS A CONSEQUEN									
Z	Sequentielly list conditions,	b										
١Ĕ١	if any, leading to immediate	DUE TO (OF	AS A CONSEQUEN	CE OF):								
[윤]	cause. Entar UNDERLYING CAUSE (Disease or injury	c. DUE TO (OF	AS A CONSEQUEN	CE OED-								
CERTIFICATION	that initiated events resulting in death) LAST	7.0	, no n vollazgozii	oc o.,.							1 1	
		d									1	
CAL	PART II. Other algnificant condition	ons contributing to de	ath but not result	ting in the	underlying	g cause given i	in Part	i. 24a. WAS AN AL PERFORM			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
MEDIC								1 XYES 2] NO		OMPLETION OF CAUSE F GEATH?	
×								/		1	YES 2 - NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26 84	ACE OF BEATH	044 -					
PHYSICIAN:	EXAMINER? 1XX ES 2 NO	HOSPITAL:	3/Outpatient 3 D	ОТН	IER:	ACE OF DEATH (
`	27. MANNER OF OEATH	28a. DATE OF INJ	IURY 266	. TIME OF	28c. INJ	e 5 ☐ Residence	_	DESCRIBE HOW INJ	URY OCCUR	ED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	11/08/		1:18		FIK? (ES 2 X NO	R	river in	Mot	orc	ycle/	
	3 Suicide 8 Could not be	28e PLACE OF IN	IJURY — At home, fo	erm, street,	factory, offic	•	28f.	LOCATION (Street and City or Town, State)	10010	15111		
H	4 Homicide determined		. ()	Stre	eet				nr. F	Rout	e 175 .	
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death o	ccurred at th	he tima, date	end place, and de	ue to the	cause(e) and manne	or no stated.		2000	
COMPLETED		IER: On the basic of exam								ause(e) a	nd manner as stated.	
BE C	296. BIGNATURE AND TITLE OF CHITTE	EN ()	h			29c. LICENSE N	UMBER		29d. DATE SI	GNED (M	Ionth, Day, Year)	
TO B	1X1 TF G	BU	HM			O.C.	M.I	Ξ.	▶ 11	/09	/1992	
F	06. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	0								4 -	
	MAKIUT VGOL	MYNCH		enn S	Stree	t, Bal	tir	nore, Ma	aryla	and	21201	
	31. DATE FILED (ATOMIN, DB), Melir)	32. REGISTRAR'S	SIGNATURE									
	104 1 3 1997 3	TWO MENT CON-	nanation									

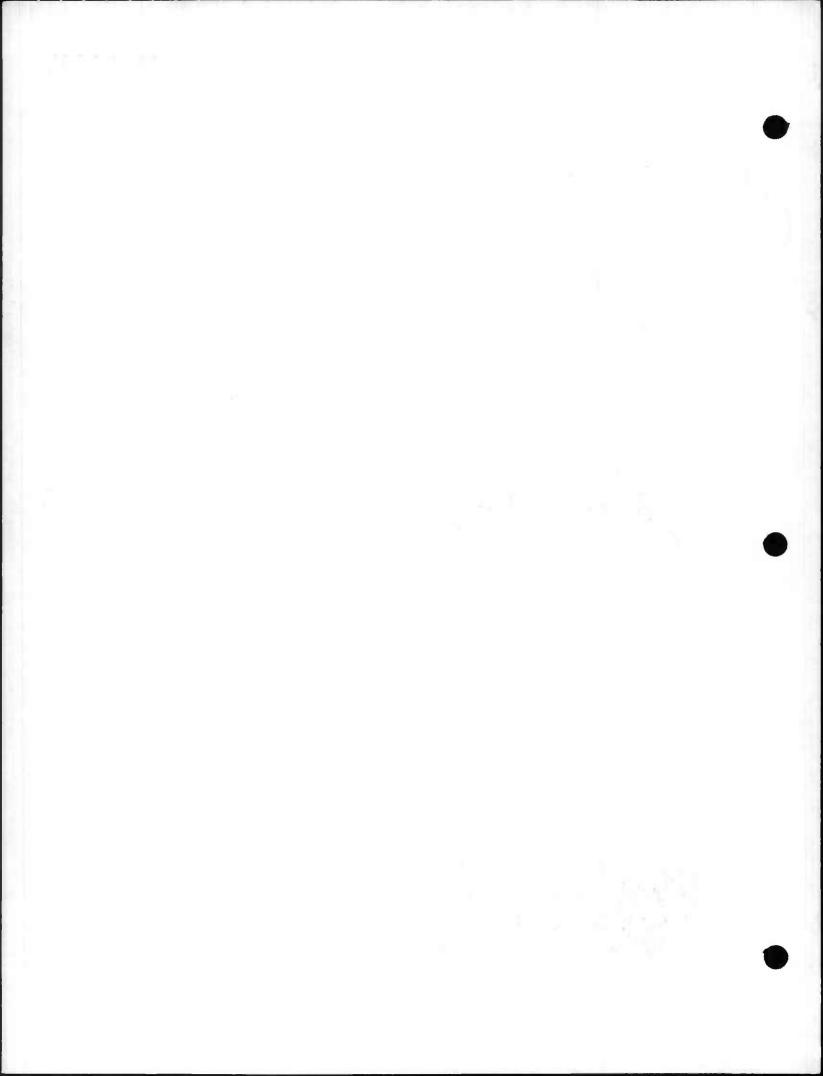


DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	(•	_
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.	-		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit purm. From \$2 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detached for use as the burial-transit permit	Report 3 S	ponid	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR	DIRECTOR		

	1 - FOR STATE REGISTRAR	STATE OF MA					EALTH AND I	MENT	AL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF DEATH		
- {	ERNEST		W.		Ī	BEDV	/ELL	1 1	mн м	19	YEAR	9:45 A M		
- 5	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	512-22-2163	1 📉 M 2 🗌 F	63	YRS.	MONTHS	DAYS	HOURS MIN.	Jun	e 15, 1	1929 Kansas				
- 1	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	TOWN 0	R LOCATION OF DE	EATH		9c. COUNTY OF DEATH				
DIRECTOR	SOUTH BOUND RO	DUTE#295				LAUREL					PRINCE GEORGE			
2	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY				
		ce George	Landover							1 YES 2 NO				
₹	10e. STREET AND NUMBER			10f. ZIP CODE							10g. CITIZEN OF WHAT COUNTRY?			
ÿ	3505 Hubbard Rd.									USA				
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2			f yes, spe	ENDENT OF HISPAR ocity Cubert, Mexica 2 (X NO Specify	n, Puert		or No—	14. RACE Black Speci	- American Indian, c, White, etc.		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USUAL OCCUPATION					10	Sb. KIND OF BUS	SINESS/IND	USTRY			
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1	(Give kind of w ite. Do NOT us	rork done (e retired.)	during mos	st of working							
COMPLET	12		P	ccoun	tant				Retail	Liqu	or S	tores		
S	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	ME (First	, Middle, Malden	Surname)				
BE	Clark W. Bedwel	1					Nelli	le E	. Hall					
၉	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To											
-	Shirley Craig		4 Pinecrest Acres, Wellington, KS 67152									.52		
	20a, METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 🂢 Remo	oval from State		EAND DATE C		ITION (Na	me of	DATE 20c. LOCATION — City or Town, State Wellington, KS						
	4 Donation 5 Other (Specify)	eneral .	Prai	rie La					We	lling	gton.	, KS		
- 1	I stand of the li	Dec 1					DADDRESS OF FA		BURG FU	NERAL	HON	ME, INC.		
_	18 Dune	altulo	0		1	5009	Harford	Rd.	, Bal	timor	e,	MD 21214		
ATION	23. Part A. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											Approximate Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONS	EGUENCE OF	7):									
SAL S	PART II. Other significant condition	s contributing to de	ath but not	resulting is	n the un	derlying	cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (Ch	ack only	one)					
န္တ	1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ E	R/Outpatient	3 DOA	OTHER	t: ilng Hom	5 🗆 Residence	s Xon	rer (Specify) C (TENE				
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE DF IN. (Month, Day,		28b. TIME INJ		28c. INJI WO			EȘCRIBE HOW II		URED			
TED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF II building, etc	NJURY — At I (Specify)	home, farm, a	treet, fact	ory, office		281. LC	CATION (Street e ly or Town, State)	nd Number	or Rural R	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the beste of exam										and manner as stated.		
	34. SENATURE AND TITE ON CENTIFIE	\bigcirc	1			T	29c. LICENSE NUI					(Month, Day, Year)		
TO BE	MANE AND ADD	W/ M		The second	0-1		O.C.M					0-1992		
	MIRIOF GOLUG	COMPLETED CAUSE	_			C 1-		_ 7 J.	i no a	14 -		21201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S			enn	Sti	reet, B	a J. T	THOLE	, Ma	тАте	and 21201		



BOX 68760, BALTIMORE, MARYLAND 21215-00 lcas be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	_	-
BOX 68760, BALTIMORE, MARYLAND 21215- cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendit	0	9
BOX 68760, BALTIMORE, MARYLAND 21215 Gate be executed within 24 nours after death. Page 6 may be retained by the hospital or attention.	. 1	+6
BOX 68760, BALTIMORE, MARYLAND 2121 Cate be executed within 24 nours after death. Page 6 may be retained by the hospital or attri	LC)	Š
BOX 68760, BALTIMORE, MARYLAND 212 Cate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	Ξ.	=
BOX 68760, BALTIMORE, MARYLAND 21 cate be executed within 24 nours after death. Page 6 may be retained by the hospital or	CA	ra
BOX 68760, BALTIMORE, MARYLAND 2 Cate be executed within 24 nours after death. Page 6 may be retained by the hospital	Σ.	8
BOX 68760, BALTIMORE, MARYLAND case be executed within 24 nours after death. Page 6 may be retained by the hospit.	CA	78
BOX 68760, BALTIMORE, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARYLANG BOX 68760, MARY	0	矣
BOX 68760, BALTIMORE, MARYLAN case be executed within 24 nours after death. Page 6 may be retained by the ho	=	S
BALTIMORE, MARYLA case be executed within 24 nours after death. Page 6 may be retained by the.	Z	2
BOX 68760, BALTIMORE, MARYL, case be executed within 24 nours after death. Page 6 may be retained by the	-	40
BOX 68760, BALTIMORE, MARYI cate be executed within 24 nours after death. Page 6 may be retained by		£
BOX 68760, BALTIMORE, MARY cate be executed within 24 nours after death. Page 6 may be retained b		2
BOX 68760, BALTIMORE, MAR cate be executed within 24 nours after death. Page 6 may be retained	>	D
BALTIMORE, MA cate be executed within 24 nours after death. Page 6 may be retain	Œ	8
BOX 68760, BALTIMORE, MA	d	5
BOX 68760, BALTIMORE, N cate be executed within 24 nours after death. Page 6 may be re	=	25
BOX 68760, BALTIMORE, cate be executed within 24 nours after death. Page 6 may be	2	5
BALTIMORE Cate be executed within 24 nours after death. Page 6 may 1		8
BOX 68760, BALTIMOR cate be executed within 24 nours after death. Page 6 ma	ш	>
BOX 68760, BALTIMOR Cate be executed within 24 nours after death. Page 6 no	Off	50
BOX 68760, BALTIMC cate be executed within 24 nours after death. Page 6	$\overline{}$	=
BOX 68760, BALTIM cate be executed within 24 nours after death. Page	\circ	9
BOX 68760, BALTII cate be executed within 24 nours after death. Pa	5	- 8
BOX 68760, BALT cate be executed within 24 nours after death.	=	æ
BOX 68760, BAL cate be executed within 24 nours after death		
BOX 68760, BAI cate be executed within 24 nours after dea	\perp	€
BOX 68760, B) cate be executed within 24 nours after of	7	6
BOX 68760, E	~	0
BOX 68760, Cate be executed within 24 nours at	ш	2
BOX 68760, cate be executed within 24 nours		G
BOX 68760,		60
BOX 68760,	-	3
BOX 68760, cate be executed within 24		×
BOX 68760,		4
BOX 68760,		-
BOX 68760 cate be executed with		逹
BOX 6876	0	른
BOX 687	9	-
BOX 68	1	8
BOX 6	00	5
BOX	9	8
BOX		8
BO cate b	×	9
m g	0	0
- 3	m	8
	-	2

DIVISION OF VITAL RECORDS, P.O.

H

2

20

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH Jo Ann Elizabeth Baseman 11/12/92 7:30 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) May 2, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗌 M 2 🙀 F 43 YRS. 1949 215-54-4659 Maryland Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City 3616 Elkader Road 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland City Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3616 Elkader Road 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY \$€ Widowed 4 □ Divorced COMPLETED 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12 4 Nursing Francis Scott Key Med. Ctr 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George J. Parlett Elizabeth Callahan 品 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Parlett 8701 Littlewood Road Baltimore, MD. 21234 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Buriel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) Green Mount Crematory 11/12/92 Baltimore, MD. 21. SIGNATURE OF FUNERAL BEJINICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 7110 Belair Road Baltimore, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition RESPIRATORY FAILURE? resulting in death) SEPSIS? MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 785 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** CACHEXIA COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 6 - Other (Specify) 4 - Nun 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending м 1 YES 2 NO B 26a. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

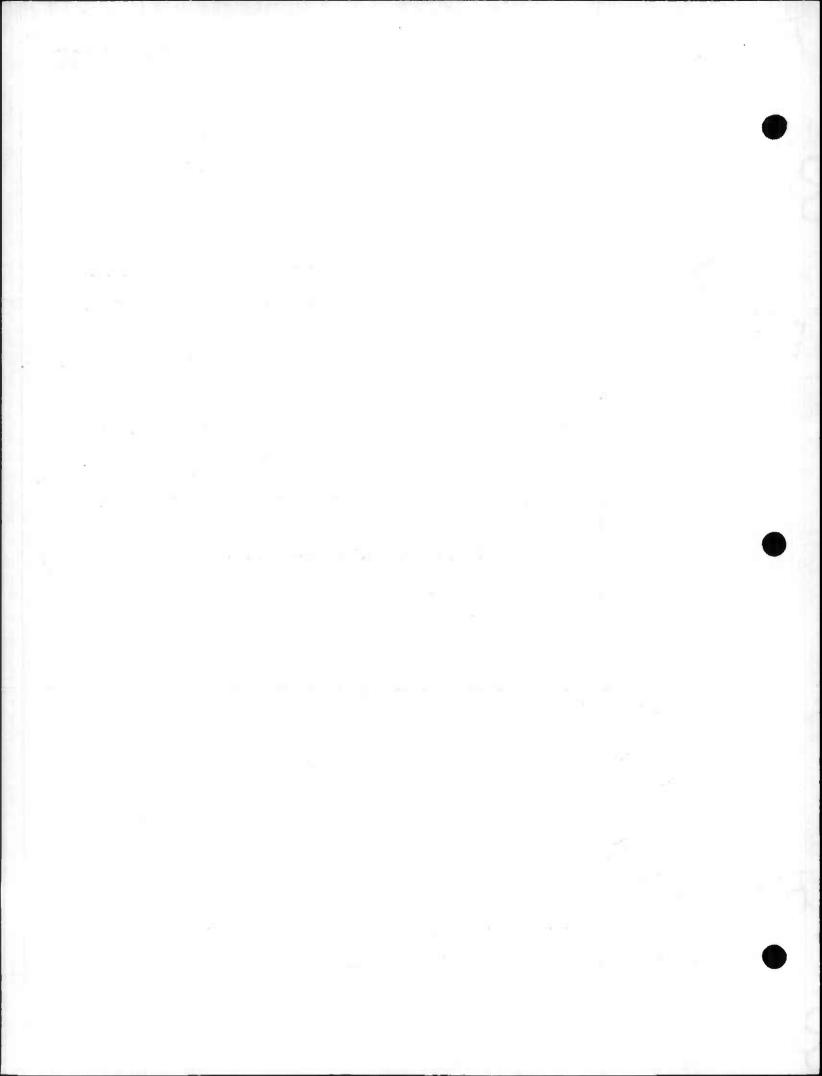
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 20111 11/12/92

34 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Raja Ayash, M.D. 201 E. University Parkway Baltimore, MD. 21218 31. DATE FILED (Month, Day, Year)

3 1992

32. REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TIEGO TIPOT					-1111111	CAI	_ 01	DEA	111	HEG. N	J.			
	MONTH DAY YEAR												3. TIME OF DEATH		
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER								1		1/ /	/	92	7:00 PM	
	215-09-0322	EH	5. SEX	8. AGE (I	in yrs. last		IF UNDE	DAYS	HOURS	24 HRS. MIN.	(Month, Day, Year) Aug. 16,	1906	Countr	PLACE (State or Foreign y) ryland	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CIT	y, TOWN	OR LOCATE	ON OF DE		9c. COUNTY OF DEATH CUTY			
	Good Samaritan Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION										Batimore.				
	10a. STATE	10c. CITY	, TOWN	OR LOCA	ATION					10d. INSIDE CITY					
	Maryland 100. STREET AND NUMBER	I	3alt							YES 2 NO					
	3557 Shann	on Dri		101. ZIP CODE 10g. CITIZEN OF WHA 21213 U. S. A.											
	11. MARITAL STATUS	MED	13.	WAS DE	CENDENT C	F HISPAN	IC ORIGIN? (Specify)	es or No-	14. RACE	- American Indian,					
8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, DIVE WAR OR DATES							If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:						white, stc. White	
ЕТЕР	15. DEC (Specify only	(Gh	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						16b. KINO OF BUSINESS/INDUSTRY						
APLE	Elementary/Secondary (0-12) College (1-4 or 5+) NA NA			+)					l Ins	pecto	or Umbre	11a C	ompa	ny	
COMPL	17. FATHER'S NAME (First, M	iddle, Last)					16. MOTHER'S NAME (First, Middle, Meiden Surneme)								
BE C	Gregorio Mugavero 198. INFORMANT'S NAME (Types/Print) 199. MAIL							Salvatrice Mugavero							
5	Thomas R.						oute Number, City or R Westminis			21157					
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of State of Donatton 6 Other (Specify) 20b. PLACE AND DATE Of DATE 20c. LOCATION - City or Town, State of Donatton 6 Other (Specify) 4 One of Disposition (Name of Specify) 4 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Specify) 5 One of Disposition (Name of Spe													wn, State Md .	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md.											21213			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest. Approximate														
	IMMEDIATE CAUSE (Final											Interval Between Onset and Death			
	resulting in death) e. Sequentially list conditions b. A cidocia.											2 days.			
NO	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
EA	CAUSE (Disease or Injury														
CERTIFICATION	that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.														
. 1	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDS											WERE ALITOPEY ENDINGS			
EDICAL										PERF	24s. WAS AN AUTOPSY PERFORMED?		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ∥	1 TES 2 NO OF DEATH? 1 YES 2 NO														
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL						28. P	LACE OF O	EATH (Che	ck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpa	ntient 3		OTHE	R:			Other (Specify)				
Y PHY		Pending rivestigation	28e. DATE OF (Month, D			28b. TIME INJU	OF	28c. IN	JURY AT ORK? YES 2		28d. DESCRIBE HOW	INJURY OC	CURED		
ED BY	3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY atc. (Speci	— At hon	ne, ferm, st	reet, fac	tory, offi	Ce		281. LOCATION (Stree City or Town, State	end Number	r or Rural R	oute Number,	
COMPLET	29e. CERTIFIER (Check only	IFYINO PHYSI	CIAN: To the best of	my knowle	edge, des	ith occurred	d at the t	time, dat	e end place,	end due t	o the cause(s) end m	anner ee sta	ted.		
ŏ.														end menner ee atated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	hom						29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Yeer)	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEA	TH (ITEM	1 27) (Type, I	Print)								
	Khaldoun		chian	560	0/ 4	064 1	Rav	en	Blud	B	altimore	IML	ے د	21239	
	31. DATE FILED-(Month, Day,		32. REGISTRA												
	NUV 1 3 19	92	The Land	-A-18	ndell										

E-4-9 - 1261 - 1051

	1 - STATE OF MARYL REGISTRAR Helen Benton Conway		TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E							
100	1. DECEDENT'S NAME (First, Middle, Last) HELEN CONWAY			2. DATE OF DEATH MONTH DA	1-92°	3. TIME OF DEATH 50 P M						
	578-09-6990 10M2KF 8	In yrs. lest birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-14-1								
R.	9a. FACILITY NAME (If not institution, give street and number) S.T. JOSEPH HOSP!	TAL	96. CITY, TOWN OR LOCATION OF E	EATH /	BALTO.							
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				QH							
DIRECTOR	MD Baltimore		altimore			10d. INSIDE CITY LIMITS? 1 YES 2 ANO						
	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF							
NER	109. CITIZEN OF WHAT COUNTRY? 1302 Deanwood Road 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21234 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 14. RACE — American Int. 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Int. 16. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Int.) 16. RACE — American Int. 17. Was Decendent of Hispanic Origin? (Specify Yes or No— 16. RACE — American Int.) 17. Was Decendent of Hispanic Origin? (Specify Yes or No— 16. RACE — American Int.) 18. Was Decendent of Hispanic Origin? (Specify Yes or No— 16. RACE — American Int.)											
BY		E — American Indian, k, White, etc. White										
1 2	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
PLE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 12 years											
NO.	TI. FATHER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	Jesse Lorenzo Benton Martha Ellen Fye											
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Date 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify) Metro Crematory, Inc. 11/12 Baltimore, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	12	Johnson Fu			to., MD						
	Christina A. Kopcych 8521 Loch Rayen Blvd. 21286											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	resper	atony feel	ure		Onset and Death						
Z	Sequentially list conditions,	(gros	relation									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	COP	7									
IFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CONSEQUENCE OF	1									
E E	resulting in death) LAST											
CAL	PART II. Other significant conditions contributing to deeth be	ut not resulting in	n the underlying cause given in	Part I. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
MEDIC				1 - YES 2	No	OF DEATH?						
Σ				_		1 TES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)								
YSIC	1 YES 2 NO I Impattent 2 ER/Outp	etient 3 🗆 DOA	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)	_							
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW II	JURY OCCURED							
D BY	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Spec	— At home, farm, at		281. LOCATION (Street e	nd Number or Rurel	Route Number,						
	4 Homicide determined building, etc. (Special Property of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Coun	ny)		City or Town, State)								
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination					e) and manner as stated.						
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			(Month, Day, Year)						
70	30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH HITEM STORY	1) 127	33	11-	11-92						
	Sami Brahim 1620	York	Rd, TONSIN, A	12/2	00							
	31. DATE FILED (Month, Day, Year) NOV 1 3 1992 Substitution Rev	ATURE VOLUE			-							

499.

Sil

shipecellu

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiehe prior to borial, cremation, or removal. IMPORTANT: If Item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to being, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other tradithalls event, the medical examiner must be netified at once.

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIEN REG. NO.	E						
1. OECEDENT'S NAME (First, Middle, Last)		Danesl	2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT		3. TIME OF DEATH 17:34 Ly							
4. SOCIAL SECURITY NUMBER N/A	1 🗆 M 2 🕠 F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	HPLACE (State or Foreign stry) ARYLAND					
90. FACILITY NAME (If not institution, give street and number) UNIV. OF MD, HOSP 22 GREENE ST. BALTIMORE RESIDENCE OF DECEDENT 90. COUNTY OF DEATH BALTIMORE CITY												
10a. STATE 10b. COUNT	v Arundel		ORT M			10d. INSIDE CITY LIMITS? V YES 2 \(\square\)						
100. STREET AND NUMBER 22/9 - Lo	IE ROAD	Bldg. 982		2075	5	109. CITIZEN OF WHAT COUNTRY?						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 10 Specifi	HC ORIGIN7 (Specify Yea in, Puarto Rican, atc.) /:	Bie	RACE — American Indian, Black, White, etc. Specify: BLACK					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY											
17. FATHER'S NAME (First, Middle, Last) Dante Cortez P	owell				ME (First, Middle, Melden	,						
Dante' Cortez Powell 190. INFORMANT'S NAME (Type/Print) Serena Core 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Serena Core 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LOVE RD., FORT MEADE (MD) 2075												
20a. METHOD OF DISPOSITION 1 Burlel 2 X X Cremation 3 Removal from State 4 Donation 5 Other (Specify) Date 20b. PLACE AND DATE OF OISPOSITION (Name of State Published Property of other (Specify) Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Da												
22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd., Laurel, MD 20707												
	c	TURITY A CONSEQUENCE OF	AR HEM			FAILURI	Interval Betwee					
PART II. Other algnificant condition	DART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PING TO COMPLETION OF CALL OF DEATH?											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL: OTHER:											
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED						
3 Suicide 6 Could not ba 4 Homicide detarmined	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building str. (Specify) 28f. LOCATION (Street and Number or Rural Route Number,											
	ICIAN: To the best of my know						a) and manner as stated					
29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUM			D (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type,	Print)			-						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a jours after death. Page 6 may be retained by the lospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	1 - FOR STATE REGISTRAR		STATE OF	MARYLAND C		TMENT ICATE				MENTAL	HYGIEN REG. NO.				
	1. DECERENT'S NAME (Fire		4							2. DATE	OF DEATH	AY	WEAR	3. TIME O	F DEATH
	Ruth									11	1	2	9a	$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	A
		4. SOCIAL SECURITY NUMBER 212–26–0687 1 □ M			SEX 6. AGE (In yrs. last birthday) N 2 K F 84 YRS.			1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			OF BIRTH Oy, Year)		Country	PLACE (Ste	ate or Foreign
	9a. FACILITY NAME (If not	institution, give	street and number)			9b. CITY,	OWN C	R LOCAT	ION OF DI	EATH	•	9c. COU	NTY OF D		
O. R	Caton Manor Nursing Home Baltimore														
5	RESIDENCE OF DE	CEDENT 10b. COUNT		I 10c CIT	Y, TOWN OF	LOCAT	ION.						10d. INSI	DE CITY	
DIRECTOR	Md.	R	altimore			leth							LIMIT		
	10e. STREET AND NUMBER		110			ZIP COD)F			100 CIT	IZEN OF W	HAT COUN	-		
2	4507 Lin						227				SA	TIAL COOL			
FUNERAL	11. MARITAL STATUS	NT EVER IN U.S. A	RMED	13, W	AS DEC			NIC ORIGIN	7 (Specify Yea			- Americ	en indien.		
BY FI	1 Never Married 2 3 Widowed 4 M Dh	1 YES 2 X WAR OR DATES	No.	lf If	yes, sp		an, Maxice	n, Puarto F			Specif	, White, et	c.		
PLETED	15. DE	18a, D	ECEDENT'S	USUAL OC	UPATIO	ON		18b.	KIND OF BUS	SINESS/INI	DUSTRY				
	(Specify of Elementary/Secondary 12	+)	a. Do NOT u	work done de se retired.) emake:		st of work	ing	0	wn Ho	me					
N O	17. FATHER'S NAME (First,	Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)											
Ш	Charlie Fr			Ethel Hockman											
8	19a. INFORMANT'S NAME	(Type/Print)	11	Db. MAILING	ING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)										
2	Christine A. Hield 4507 Linden Ave., Halethorpe, Md. 21227														
2	20a. METHOD OF DISPOSI	TION	novel from State	20b. PLACE other p	OF DISPO	SITION (Nan	e of cer	netery, cre	matory or		20c. LO	CATION —	City or To	wn, Stata	
	1 Buriel 2 Cremat			Zion	Chri	stian	Ch	urch	Cen	eter	y Mau	rert	own,	Virg	ginia
TO BE COM	22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227														
	23. PART I. Enter the disease or complications that caused the death. Do not sater the mode of dying, such as cerdiec or respiratory arrest, shock, or heart future. List only one ceuse on each line. Approximate Interval Between														
dent, me mente	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) o. STROKE WITH LEFT HEMIPHESIS Onset and is												et and Deati		
	ASPIRATION PNEUMONIA														
TIFICATION	Sequentielly list conditions, lif eny, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST														
	PART II. Other algorific	ent conditio	ne contribution to	a death but not	es outile e	In the con-			t	n-a I	24s. WAS AN		1		
MEDIC	DM-	yes	& CH	F, A	√×187	Y - 1	790	RE	\$510	<u>ئ</u>	PERFOR	RMED?	240.	AVAILABLE COMPLETI OF DEATH	PRIOR TO ON OF CAUSE ?
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕЯ		ACE OF	DEATH (Ch	neck only on	e)				
XS.	1 TYES 2 NO			☐ ER/Outpatient	3 🗆 DOA			• 5 □ R	lesidence	8 🗆 Othe	r (Specify)				
BY PH	27. MANNER-OF DEATH 1 Netural 5 2 Accident	Pending Investigation		28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO							CRIBE HOW I	NJURY OC	CURED		
TED	2 Accident 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	one)		SICIAN: To the best of) and manr	ner as stated.
BE		2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Monifs, Day, Year) 21336 2112492													
일 =	30. NAME AND ADDRESS	ACALAN I	10 001101 5750 011	· ·		7	12	4		224			. //	1 10	

RISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
VHN IS, 716MAISEN CHOICE LANG

32. REGISTRAR'S SIGNATURE

1992

31. DATE FILED (AND OV

21228

BALT.

MD

SUITE 205,

The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o

The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa

0
9
~
8
9
9289)
\times
BOX
80
ш
0
P.0
₽
- 60
S
0
RECORDS
\circ
\sim
0
ш
C
-
VITAL
_
>
>
4
ō
0
7
=
0
-
S

	REGISTRAR		CERTIF	CAIE	DEATH	REG. I	10.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN	
	Sophia Cook					November			7:43 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX	B. AGE (In yr	s. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTN	PLACE (State or Foreign	
	213-20-8394 A 10	12 DXF 86	YRS.	MONTHS DAYS	HOURS MIN.	5/19/1		N	CAROLINA	
	9e. FACILITY NAME (If not institution, give street end			9b. CITY, TOW	OR LOCATION OF D			NTY OF D		
E E	Maryland General Hos	nital		Dol+i	more City					
15	RESIDENCE OF DECEDENT	priar		Daiti	more city					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO		cotz.			10d. INSIDE CITY	
	MARYLAND			RALL'I	MORE CI	T.X			1 TYES 2 NO	
¥	10e. STREET AND NUMBER				IOI, ZIP CODE		10g. CIT		HAT COUNTRY?	
EB	2412 KEYWORTH AVI	ENUE			21215			US	SA	
FUNERAL		S DECEDENT EVER IN U.S			ECENDENT OF NISPA		Yee or No-	14. RACE	- American Indian,	
BY F		RCES? 1 TYES 2 (ES, OIVE WAR OR DATES			specify Cuben, Mexico ES 2 ()(NO Special			Speci	, White, etc.	
	3 2) widowed 4 Divorced				A				Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d) 16-	. DECEDENT'S	USUAL OCCUPA		16b. KIND OF	BUSINESS/INI	DUSTRY		
	Elementary/Secondary (0-12) Colleg	e (1-4 or 5+)	life. Do NOT us	e retired.)	Tool of Worlding					
MP										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NAME (len Sumeme)			
ш	ISAAC HUNTER				SUS	IE MAYO				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or	fown, State, Zij	D Code)		
	GERALDINE COOK PI	HTLLTLS	2412	KEYWO	RTH AVE	BALTI	MORE,	MD	21215	
	20s. METNOD OF DISPOSITION 1 Description 2 Removal from	20b. PL	ACE AND DATE O	FDISPOSITION	Name of	DATE 20c.	LOCATION -	City or To-	wn, State	
	4 Donation 5 Other (Specify)	KI	NG ME	MOTRAI	PARK	R.	ANDAL	LST	DWN, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	1/1		22 NAME	AND ADDRESS OF FA	CHTY P C	ONI EIII	MIE'D /	T HOME	
	TOMAI!	I big VI			LIBERT					
H	23. PART LEnter the diseases, or complication	CALLE								
	shock, or heart feilure. List only	y one ceuse on each	ilne.	ot enter tha r	noda or dying, suc	h as cardiec or re	apiratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition									
	resulting in desth) . Ga	strointest								
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, Gastric Cancer (Carcinoma)									
Ĕ	If any, leading to immediate									
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
1 1 1	thet initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):						
CERTIFICATION	d.									
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
EDICAL			iot resulting in the underlying cause given in a			PERFORMED?		1 240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 TYES	2 🔀 NO		OF DEATH?	
Σ									1 TYES 2 NO	
A A	OF WAR CARE DESCRIPTION TO MEDICAL									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSE	PITAL:	T	26. OTHER:	PLACE OF DEATH (C)	eck only one)				
1 XS	1 YES 2 ANO 146 Ing	patient 2 - ER/Outpatie		4 - Nursing H	ome 5 🗆 Residence	8 Other (Specify)				
	27. MANNER OF DEATN XX 1 Netural 5 Pending	e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY \	NJURY AT VORK?	28d. DESCRIBE HO	W INJURY OC	CURED		
B	2 Accident Investigation				YES 2 NO					
4	C Could not be	 PLACE OF INJURY — I building, etc. (Specify) 	At home, term, a	treet, tactory, of	lice	281. LOCATION (Stre City or Town, St		or Rural R	oute Number,	
COMPLETED	4 Nomicide determined						*			
12	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To	the best of my knowledg	e, death occurre	d at the time, de	te end piece, end due	to the ceuse(e) end	nenner ee ete	led.		
MC	one) 2 MEDICAL EXAMINER: On the	beele of exemination en	d/or inveatigation	n, in my opinion	death occured at the	time, date end place.	end due to th	10 COUSO(0)	end menner ea stated.	
					-					
29b. SIGNATURE AND TITLE OF CERTIFIER Ghassan Haddad, M.D. 29c. LICENSE NUMBER n/a							29d. DAT	1/9/	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH	/ITEM 27 CE-	Onine)				-171		
	C 1				laddad, M	D c/o M	211			
1 1	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATUR	D,	G. I	addad, M	D. C/O M	J11			
		PROFESSIONAL SECTION AND SECRETARIES	MERY A							

	should	
	6,	
	Y=2	
	Institute Institute that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use attention of Health and Mental Hydiene prior to burial, cremation, or removal.	
	ermit.	
ei.	ansit p	
ysicial	irial-tra	
ng ph	he bu	
tendi	38 1	
or al	or use	
spital	hed fi	
the ho	detac	
9	90 0	7
THING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	shoul	41.61
De L	age 5	į
6 тау	ttor, p	4000
Page	ul direc	
eath.	funera	- Common
after d	y the	100
SUL S	In D	The said
24 10	filled on. o	1
ulu thin	etely	
M De	omple I. cre	-
Boule	nd c	4104
9	r to	-
ate	ysicl	-
SEP.	g ph	49
es c	Hyd	
deal	e att	1
t the	P P	Int
tha	th a	-
uires	Sign	-
W 700	beer f. of	40
he la	has Dec	0
N.	State	100
CA	the	
343	with with	Acad
NG.	ther	-
ENO.	Br. A	1 10
AT	ECTC S aft	90
O.	DiR	16.0
M	38	2
Ď,	28	1

	1 - FOR STATE OF MAR	YLAND / DEPARTM	ENT OF HEALTH		NTAL HYGIEN REG. NO.	E		
16	1. DECEDENT'S NAME (First, Middle, Last) GEORGE L.	CHRISTIAN		2.	DATE OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-01-6149 9. FACILITY NAME (If not institution, give street and number)	76 YRS. MOI	NTHS DAYS HOURS	MIN.	10 DATE OF BIRTH (Month, Day, Year) 08-10-191	L6 MA	RTHPLACE (State or Foreign unitry) RYLAND	
TOR	814 APPLETON STREET		BALTIMORE	FION OF DEATH		9c. COUNTY O	F DEATH	
DIRECTOR	MARYLAND 10b. COUNTY	122	DWN OR LOCATION EMORE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	814 APPLETON STREET		101. ZIP CO 2121			USA	F WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced 12. WAS DECEDENT, EVE FORCES? 1 Y Y IF YES, GIVE WAR OF WW II	R IN U.S. ARMED ES 2 NO R DATES	13. WAS DECENDENT If yes, specify Cut 1 YES 2 N	en, Mexican, Pu		S	ACE — American Indian, lack, White, etc. pecify: FR . AMER .	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during most of worl	king	166. KIND OF BUS	BALTI		
CON	17. FATHER'S NAME (First, Middle, Last)		18. MO	THER'S NAME (First, Middle, Malden	Sumeme)		
BE	WILLIAM CHRISTIAN 190. INFORMANT'S NAME (Type/Print)	105 MAII INC ADI	DRESS (Street and Numb		CHRIST			
٤	BERTHA CHRISTIAN	814 APPI			TIMORE,			
		20b. PLACE AND DATE OF D cemetery, crematory or other	placa)			CATION — City o		
	21. SIGNATURE OF FUHERAL SERVICE LICENSES	CARRISON FO	REST VET 22 NAME AND ADDR ESTEP BRO	CEM, LIL ESS OF FACILITY THERS	FUNERAL	HOME PA	IILLS, MARYLAN	
	· Cial a lot	EV	1300 EUTA	AW PLAC	E, BALTI	MORE, M	ARYLAND 21217	
	23. PART LEnter the diseases, or complications that cau shock or heart failure. List only one cause or IMMEDIATE CAUSE (Final disease or condition	n eich line.				ratory arrest,	Approximate interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST							
MEDICAL C	PART II. Other significent conditions contributing to deat	but not resulting in the			i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF	DEATH (Check o	nly one)			
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/C	Putpatient 3 DOA 4	THER: Nursing Home 5 1	Residence 6 🗆	Other (Specify)			
ву РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	TY 26b. TIME OF INJURY			. DEȘCRIBE HOW II	NJURY OCCURED		
ETED B	I DECEMBER	JRY — At home, farm, stree (pecify)	t, factory, office	281	LOCATION (Street e City or Town, State)	and Number or Ru	ral Route Number,	
COMPLI	29a. CERTIFIER (Check only one) 1 GERTIFYING PHYSICIAN: To the best of my kr						ne(s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	us)	0:	CENSE NUMBER	0	29d. DATE SIGN	NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print		ASHIAM	TON L	Bull	2/230	
	NOV 1 3 1992 Julia Deutstan's st	ASTRACE)	, - , , ,	11011100	,,-,,		,	

	HEGISTHAR		CERTIFIC	AIE U	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) Mich	elle Ma	arie Dyke			2. DATE OF DEATH	o d	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign
	215 92 0468 1 1 M 2	7	17 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Germany
C	9a. FACILITY NAME (If not institution, give street and number	ber)	FA 96	CITY, TOWN	OR LOCATION OF D	Am.	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT		Mospic	9 P.	N PU	rvie		7/4
R	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOC	CATION			10d. INSIDE CITY
	Maryland Anne Aru 10e. STREET AND NUMBER	ınde1	Pas	adena				1 TYES 2 X NO
FUNERAL	Al-List Manual Control				10f. ZIP CODE			N OF WHAT COUNTRY?
NE	7704 Edgewood Avenue	CEDENT EVER IN	NIIS ADMED	12 48 0	21122	NIC ORIGIN? (Specify Ye		S.A.
	1 Never Married 2 Married FORCES		2 XNO	If yes,	specify Cuban, Mexica ES 2 X NO Specific	in, Puerto Rican, etc.)	14 or NO.—	RACE — American Indian, Black, White, etc. Specify:
D BY	3 Widowed 4 Divorced					,. 		White
I	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(Give kind of work life. Do NOT use re	done during	TION most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
COMPLETE	Elementary/Secondary (0-12) College (1-	4 or 5+)	Student	urud.)				
S	11th Grade Student 17. FATHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE C	Ray	Dyke					Shade	
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox	wn, State, Zip Go	ode)
F	Marie V. Dyke		7704 Ed	lgewoo	d Avenue	Pasade	na, Mai	ryland 21122
	20a. METHOD OF DISPOSITION 1 CKBurlal 2 Cremation 3 Removal from St.	ata cem	PLACE AND DATE OF D	place)		1		y or Town, State
	4 Donation 5 Other (Specify) Holy Cross Cemetery 11/14 Baltimore, Marylan							e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.							
	23. PART I. Enter the diseases, by complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errent, Approximate							
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ULTO (OR AS A OUE TO (DR AS A	CONSEQUENCE OF):	che	Mac	eident		Interval Bett
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
LC	PART II. Other significant conditions contribut	ing to death b	ut not resulting in t	he underly	ing cause given in	Part I. 24a. WAS AI	N AUTOPSY	24b, WERE AUTOPSY FIND
I: MEDICAL						PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient			THER: Nursing He	ome 5 🗆 Residence	6 Other (Specify)		
PHY	(M	ATE OF INJURY forth, Day, Year)	28b. TIME OF	28c. I	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation	10-9	175	7 10	YES 2 NO	Can a	me	· ·
	3 Suicide 6 Could not be 4 Homicide determined	ACE OF INJURY	— At home, farm, stree	t, factory, of	lice	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
PLET	An orange	COAC				Outtin		weart 4
MPI	(Check only 1 CERTIFYING PHYSICIAN: To the							
COM	2 MEDICAL EXAMINER: On the bas	or examined of	- and or investigation, if	тту ортноп				
8	Willem 19	2	140		D D	WBER 6054	29d. DATE S	IGNED (Morith, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DE	ATH (ITEM 27) (Type, Prin	r()	004	1	1	10 70
	31. DATÉ FILED (Month, Day, Yber) 22 nm	501		ND	P.C	D. Box	199	2071
	NOV 1 2 1992 File	widow 16	malle					
- 1								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) GAR ERQUHEART JR. 2. DATE OF DEATH MONTH DAY YEAR S. SIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1. DATE OF BIRTH (Agrin, Day hear) 8. BIRTHPLACE (State or Foreign Coupty)									
	9s. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
ECTO	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
AL DIR	BALTIMORE 1 YES 2 NO 100, STREET AND NUMBER 100, CITIZEN OF WHAT COUNTRY?									
FUNERAL DIRECTOR	916 N MONROE St 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APMED FORCES? 1 Swarfied 12. Was DECEDENT EVER IN U.S. APMED FORCES? 1 Swarfied 12. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. In American Indian, 15 of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr									
'n	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 If NO Specify:									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.) BARBER 16. KIND OF BUSINESS/INDUSTRY									
	17. FATHER'S NAME (First, Middle, Last) Leart Sr. 18. MOTHER'S NAME (First, Middle, Melden Surpame)									
IO BE	196, INFORMANT'S NAME (Type Plat) 196, MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zin Code) 247 E.m. Ave. Rohy Number, No. J. 07045									
	26. METHOD OF DISPOSITION 1 A Burlat 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify) 20. PLACE AND DATE OF DISPOSITION (Name of Other (Specify)) 20. PLACE AND DATE OF DISPOSITION (Name of Other (Specify))									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF SOCILITY Was C. Harris F. Aboth Aug.									
	23-PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, shock, or heart failure. List only one cause on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR ASA CONSEQUENCE OF): Onset and Death DUE TO (OR ASA CONSEQUENCE OF):									
AICN	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST d									
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE									
WEDIC	1 YES 2 NO OF DEATH? 1 YES 2 NO									
PHTSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF OEATH (Check only one) OTHER: 1 Unpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
or Par	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending Investigation 2 Accident Investigation									
3	3 Suicide 4 Homicide 6 Could not be detarmined Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend.									
O DE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 1 2 2 2 3 1 1 1 2 1 2 2 2 2 3 1 1 1 2 1 2									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH WEM 27) (31000-PTM) 21223									
	31. DATE FILED (MONT), Day, 1960) 1992 32. REGISTRARY'S SIGNATURE ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL									

- Lear is realisated to the first 41-2 - 1111 - 717 - 7 the committee to the committee with

St. Co. Land Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Co. Lord Wind Frank Fell man lead and

i	att	nse		
į	30	Por		
1	Spit	pe		
	5	taci	9	
i	#	e de	5	
	d b	Q P	-	
	aine	hou	=	
	ret	5	5	
ì	y be	age	2	
	E	.00	15	
	9 90	irect	E	
	E	D IE	2	
	the safe	Super-	xaminer must be	
	er d	the last	8	
	aft	Aq.	2	
	onu	d in	9	
ļ	24 n	filler	2	
	hin	tely	shows any injury, or other traumatic event, the medical	
	Wit	nple	New Year	
	uted	00 10	2	
	exec	and o	Tag.	
	2	cian	2	
	cate	physical and a	-	
	ertif	Du Gelon	8	
	th o	endi H H	6	
	dea	e att	Š	
	the	A IN	<u>=</u>	
	that	d be	È	
	res	Sign	2	
	nbau	Cen le	Ę	
	MP	S D	2	
	The	e ha	E	
	N.	ficat	=	
	SICIA	certi	0	
	NH.	this	Ne de	
	VG F	ter i	E	
	N	A A	9	
	E	E f	28	
	JR A	JIRE	APORTANT: If Item 28 is marked, or Ite	
	AL (45	=	
	SPIT	NER.	ij	
	HÖ	E.	1	
	표	THE	2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fleet within 72 hours after death with the State heart of Health and Mental Hydland price to hurtal community or named.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle LIVING	STON JAMES	FNSLEY	2. DATE OF DEATH MONTH DAY

					nico. I	0.			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH		
	LIVINGSTON J	AMES	ENS	LEY		0 92	10.1		
		. AGE (In yrs. lest birthday)			7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
	219-07-2705 184205	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)		
		/9				-1918	USA		
_ 1	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH		
DIRECTOR	612 Sugar Hill Rd.					.10	ppa		
Ĕ.	RESIDENCE OF DECEDENT						PP		
ŭ l	10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
% 1	MD HARFOR	D 7	TO PP	Α.			LIMITS?		
	10e. STREET AND NUMBER						1 YES 2 NO		
ا≳				10f. ZIP CODE	-		EN OF WHAT COUNTRY?		
1 1	612 SUGAR HILL	RD		2108	35	1	15A		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT S		13 WAS D	ECENDENT OF HISDA	NIC ORIGIN? (Specify	foo or No	14. RACE — American Indian,		
	1 Never Merried 2 Merried FORCES? 15	YES 2 NO	If yes,	specify Cuban, Mexico	en, Puerto Rican, etc.)	** O. 140-	Black, White, etc.		
B	3 Widowed 4 Divorced IF YES, GIVE WAR		1 🗆 Y	ES 2/ NO Speci	fy:		Specify:		
	199	3-1946		/'			BLACK		
Ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	Work done during	TION most of warting	16b, KIND OF B	USINESS/INDU	ISTRY		
	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT	ise retired.)	most of working					
4	7th grade	Maso	n						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1 11030	11						
8					AME (First, Middle, Meidl	in Sumame)			
BE	Charlie Ensley			Mattie	Bailey				
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	ADDRESS (Street	et end Number or Rural	Route Number, City or T	own, State, Zip (Code)		
임	Jeanette Booker								
	20g, METHOD OF DISPOSITION				altimore				
	1 A Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DATE					ity or Town, State		
	4 Donation 5 Other (Specify)	HOLLY H	iTT Ce	metery	Ch	ase,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20	22. NAME	AND ADDRESS OF FA					
- 1	W + +	//							
	(mmille)	Tonex	WM C	. MARCH	F.H./11	01 E.	NORTH AVE.		
	23. PART I. Enter the diseases, or complications that c	guned the death. Do	not enter the r	node of dving, suc	h as cardiac or res	piratory arre	at, Approximate		
	ehock, or heart fallure. List only one cause	on each line.		, ,		,	Interval Between		
	IMMEDIATE CAUSE (Final					-	Onset and Death		
	disease or condition						76 11/2		
1	OUE TO (O	R AS A CONSEQUENCE O	NF):						
- 1	- ASC	ALD							
◙∥	Sequentially list conditions,	AS A CONSEQUENCE C	PF1:						
₹∥	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
일Ⅱ	CAUSE (Disease or Injury	EKILI	DIVI						
	that initiated events resulting in death) LAST	R AS A CONSEQUENCE C	NF):						
CERTIFICATION	d								
- 14	DARK II Other I Miles A world								
EDICAL	PART ii. Other significant conditions contributing to de	eth but not reauiting	in the underly	ing cause given in		IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
<u>ပ</u> ္							COMPLETION OF CAUSE		
					1 TYES	2 2 10	OF DEATH?		
Σ							1 TYES 2 NO		
PHYSICIAN: N									
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26.	PLACE OF DEATH (Ch	eck only one)				
<u>∺</u> ∥	_ MOSPITAL.	R/Outpetlent 3 DOA	OTHER:	- N					
<u></u>	27. MANNER OF OEATH 28s. DATE OF IN.		_	ome 5 Kesidence					
	1 Natural 5 Pending (Month, Day,	Year) IN	JURY \	NJURY AT WORK?	28d. DESCRIBE HOW		JRED		
à		a N	P) M 1 [YES 2 NO	~0	5			
	3 Suicide 8 Could not be 28e. PLACE OF II	NJURY - At home, term,	street, factory, of	fice	28t, LOCATION (Street	t and Number o	r Rural Route Number,		
ᄪ	4 Homicide datermined	Dullding, etc. (Specify)							
COMPLETED	29e. CERTIFIER				L	,			
<u> </u>	(Check only 1 CERTIFYING PHYSICIAN: To the best of my								
ᅙᇜ	one) 2 MEOICAL EXAMINER: On the beele of exam	nination and/or investigation	on, in my opinion	, death occured at the	time, data end place,	end due to the	ceuse(e) and manner ex stated.		
	29b. SIGNATURE AND TITLE OF CERNFIER			_					
8	G A A	N 4. F		29c. LICENSE NUI	MBER	29d. DATE	SIGNEO (Month, Day, Year)		
0	- anism	DWG		1 02	1807		.10.92		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	, Print)						
	9 PRABHILEIDRA	AID MA	# 10.	2 FAI	LITON	MD	21047		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	-	1 75 C	V'V'V		- ' '		
	MOV 1 2 1002 Gulie Sevi	Ann Randell	1						
78		All a second	-						

THE TALL AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P

A TOTAL SAME C

In.
120
9
7
687
~~
\times
0
ВОХ
•
P.O.
ب
0
_
'n
97
OC
CORD
9
O
~
-
VITAL RE
-
-
=
OF
0
\circ
-
4
0
=
S
DIVISION
>
=

nit. Page
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after ceath with the State Dect. of Health and Menical Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
coecuted and color burial, matter
BOX icate be ophysician the prior to
P.O. ath certificate tending pal Hygien, or oth
RDS, at the dea by the at and Ment.
ECOF quires than a signed I Health a
AL R ne law rec has been Dept. of n 23 sh
CIAN: The CIAN: The State or Item
G PHYSI or this country with I
TENDIN TOR: After After dear
DIVISION L OR ATTENDIN L DIRECTOR: After hours after dea
DIVISION OF VITAL RECORDS, P.O. BOX 68760, GOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours UNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in this 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or or ANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the med

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIEN REG. NO.		ion (01073
= 1	1, DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			. TIME OF DEATH
	Ann Agnes	Forthuber	Forthuber Month 07 92 8							8:00 a M
	4. SOCIAL SECURITY NUMBER	T T	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLAC							ACE (State or Foreign
	163-01-3910	1 M 2 F	79 YRS.	ONTHS DAYS	HOURS MIN.		7 2 4 /	13 (Country)	necticut
Œ					OR LOCATION OF D			9c. COUNTY		
DIRECTOR	Greater Baltil	nore Medica	il Cente	r Tow	son, M.	D		Balt	LIIIOI	re County
E C	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	TON				1	Od. INSIDE CITY
8	MD	na Baltimore							1	LIMITS?
A.	10e. STREET AND NUMBER			100	. ZIP CODE	10g, CITIZEN OF WHAT COUNT				AT COUNTRY?
FUNERAL	4401 Roland A	venue			21210	210 USA				A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPA			or No.— 14	. RACE -	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Speci		can, etc.)		Specify:	White, etc.
									U	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use :	k done durina mo		16b. I	UND OF BUS	SINESS/INDUS	TRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use	recrea.)		Ho	memak	er		
N N	17, FATHER'S NAME (First, Middle, Last)									
		11			18. MOTHER'S NA			Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	lley	Tab MARING A	DDDEEC (Chart	Lillia and Number or Rural		_	0		
2	Ann F. von Forth	iher			ad, Balt) (100)	
	20e. METHOD OF DISPOSITION		.PLACEAND DATE OF			OATE	-	CATION — CIN	. as Taura	Panto
	1 Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		netery, crematory or othe		ine or	DATE	200. 20	CALITON — CIE	y or lown	, Statu
	21. SIGNATURE OF FUNE AL SERVICE LI	CENSED Ronald W	ade Dir	22. NAME AN	ID ADDRESS OF FA	CILITY	Stato	Nn a t on	D	band
	10mm 11 11	21. SIGNATURE OF FACILITY StateAnatomy Board 11/6/92 655 W.BaltimoreSt,Balto,MD 21201							Jaru	
\vdash	James 111	mer								
	PART i. Enter the diseases, or shock, or heart failure.	List only one cause on e	ach line.	t enter tha mo	de of dying, suc	ch as cardi	c or respi	ratory srres	t,	Approximate Interval Between
	iMMEDIATE CAUSE (Finsi disease or condition	- 7' D	7	7	L					Onset and Death
	resulting in death) a. Caldio-Full Monary Alles t									
	DUE TO (OR AS A CONSEQUENCE OF): Severe Chronic Obstructive pulmonary disease								Ì	
NO	Sequentially list conditions,								-	
¥	the structure of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t							i i		
Ē	CAUSE (Disease or injury that initiated events	G	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	d								
	PART II Other significant condition	ns contributing to death t	ust not enculting in	Alba vandantulas	t t-	Date I.				
CAL	Company ortony discosso poriphoral Massaylar PERFORMEO? AMAIL								TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE	
MEDIC		1 YES 2 NO OF C						F OEATH?		
Σ	disease					- 1			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Г		24 01	ACE OF OEATH (CI					
I I	EXAMINER?	HOSPITAL:		OTHER:						
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME		e 5 🗆 Residence			NJURY OCCUP	en.	
	1 Netural 5 Pending	(Month, Day, Year) N/A	INJUF	RY WO	RK? YES 2 NO	100.000	THE THOSE IS		ico	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, ferm, stre			26f, LOCAT	ION (Street a	and Number or	Rurai Rou	te Number
뒫	4 Homicide 6 Could not be	building, atc. (Spec	cify)				Town, State)			
iii l	29a. CERTIFIER	ICIANA To the head of our least	reie von	G. (S)				_		
COMPLETED		ER: On the best of my know								ad manner on stated
	196. SIGNATURE AND TITLE OF CERTIFIE			in my opinion, u			na piace, an			
BE	Allung 10 XI	11 651			29¢. LICENSE NU	MBER		29d. DATE S	IGNED (N	fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DA	ATH (ITEM 97) (See 9	rint)	1-200	05/	/ -	- /	1-7	76
	Francis C.G	runsite in	1). 67	01 11.	Charle	1 87.	- 12	the 1	ni)	YNY
	NOV 13 1992	32. REGISTRAR'S SIGN	ATURE							

Share on

·..

Lagi et VC

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be med within 12 hours after deam with the State Dept, of Ream and Memai Hyglene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REG. NO.

AME (First, Middle, Lept)

	* REGISTRAR		CERTIFI	CALE OF	DEATH	RE	G. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) MABLE F					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH								
			GROIN			10-26-	92		9: PM M								
	4. SOCIAL SECURITY NUMBER 212 28 6370	5. SEX 6. AC	E (In yrs. last birthday) 61 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIL (Month, Day, Q = 1 Q = 1	RTH Year)	Country									
	9e. FACILITY NAME (If not institution, give	45	01	8-19-1931					land								
œ						EATH	9c. CO	JNTY OF DE	EATH								
DIRECTOR	1233 South Grantley Street Baltimore na																
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY																
1	Maryland	na		De 7 to investor													
4	10e. STREET AND NUMBER				ZIP CODE		100 CI	1 YES 2 NO									
FUNERAL	1233 South Gra		21229 USA														
5	11. MARITAL STATUS 1 Never Married 2 Merried	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	PANIC ORIGIN? (Specify Yes or No. 14. RAC			- American Indian,									
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: Win													
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a, DECEDENT'S	USUAL OCCUPATION 165 KIND OF BUSINESS (INDUSTRY													
Ш	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ind of work done during most of working NOT use retired.)													
I de	10			Homemaker													
ő	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)										
BE (Charles Hanson						eth Ke	efer									
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street or	nd Number or Rural F												
2	George S. Groin				ley St,												
	20e. METHOD OF DISPOSITION																
1	20b. PLACE AND DATE OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 X Donetton 5 Other (Specify) OATE								m, State								
	PL SIGNAPURE OF EDNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board																
	may 111	Mario	10-27-92	655 W.	Baltimor	eSt, Bal	Lto, MD 2	21201	Joana								
	22. PART I. Enter the diseases, or	complications that cause	ed the death. Do no														
	22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line.																
	IMMEDIATE CAUSE (Final disease or condition	Same	. 0	. 0	+				Onset and Dasth								
	disease or condition resulting in dasth) a. Squamous Cancer of tongue // mos.																
		DUE TO (OR AS	A CONSEQUENCE OF)	•	0												
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):																
Ā	csuse. Enter UNDERLYING																
윤	CAUSE (Disease or Injury 5 C.																
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST																
빙		d															
	PART II. Other algnificent condition	na contributing to death	but not resulting in	tha underlying	ceuaa given in		WAS AN AUTOPSY	24b. \	WERE AUTOPSY FINDINGS								
EDICAL							ERFORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
	1 TYES 2 NO COMPLE OF DEAT																
# 1							1 TES 2 NO										
Σ			181			_	•	1	YES 2 NO								
Σ	25. WAS CASE REFERRED TO MEDICAL						•	1	I TES 2 NO								
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ICE OF DEATH (Che	ck only one)			I YES 2 NO								
Σ	EXAMINER? 1 YES 2 NO	1 Inpetient 2 ER/Os	tpetient 3 DOA	OTHER: I Nursing Home	5 Residence		(hy)	1	I YES 2 NO								
PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH		tpatient 3 DOA 28b. TIME	OTHER: I Nursing Home OF 28c. INJU	5 Residence	8 Other (Speci	how injury oc		I _ YES 2 _ NO								
Σ	EXAMINER? 1 YES 2 NO	1 Inpetient 2 ER/OL 280. DATE OF INJUM (Month, Day, Year)	tpetient 3 DOA 28b. TIME INJU	OTHER: Nursing Home OF 28c. INJU RY WOR 1 Y	5 Residence	8 Other (Speci			I _ YES 2 _ NO								
BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	1 Inpetient 2 ER/OL 280. DATE OF INJUM (Month, Day, Year)	28b. TIME INJUI	OTHER: Nursing Home OF 28c. INJU RY WOR 1 Y	5 Residence	8 Other (Special 28d. OESCRIBE 281. LOCATION (HOW INJURY OC	CURED									
BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/O ₄ 28e. DATE OF INJURY (Month, Dey. Year) 28e. PLACE OF INJUR	28b. TIME INJUI	OTHER: Nursing Home OF 28c. INJU RY WOR 1 Y	5 Residence	8 Other (Special 28d. OE\$CRIBE	HOW INJURY OC	CURED									
BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSI	1 ☐ Inpetient 2 ☐ ER/Os 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	28b. TIME INJUI	OTHER: Nursing Home OF 28c. INJU WOR 1 YI set, fectory, office	S Residence RY AT K? ES 2 NO	8 Other (Speci 28d. OESCRIBE 28f. LOCATION (City or Town	HOW INJURY OC Street and Number State)	CURED									
BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 ☐ Inpetient 2 ☐ ER/Os 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	ty — At home, ferm, strectly)	OTHER: Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Hom	S Residence RY AT KY ES 2 NO	28d. OESCRIBE 28d. OESCRIBE 28f. LOCATION (City or Town	HOW INJURY OC Street and Number , State)	CURED or Rural Rolled.	ute Number,								
COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 ☐ Inpetient 2 ☐ ER/Os 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	ty — At home, ferm, strectly)	OTHER: Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Hom	Residence RY AT KY ES 2 NO and place, end due with occured at the (8 Other (Special Control of Control of Town 281. LOCATION (City or Town to the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial	HOW INJURY OC Street and Number , State) and menner se stat ace, end due to the	CURED or Flural Rooted.	ute Number,								
BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 ☐ Inpetient 2 ☐ ER/Os 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	ty — At home, ferm, strectly)	OTHER: Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Home Nursing Hom	RY AT K? ES 2 NO	8 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Contr	HOW INJURY OC Street and Number , State) and menner se stat ace, end due to the	CURED or Flural Rooted.	ute Number,								
COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. STENATURE AND TITLE OF GERTIFIED WILLIAM AND TITLE OF GERTIFIED WILLIAM AND TITLE OF GERTIFIED WILLIAM AND TITLE OF GERTIFIED	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp. ICIAN: To the best of my knoter: On the best of examinat	repetient 3 DOA 28b. TIME INJUI	OTHER: I Nursing Home OF 28c. INJU WOR I UY eet, fectory, office at the time, date a	RY AT K? ES 2 NO	8 Other (Special Control of Control of Town 281. LOCATION (City or Town to the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial of the cause(s) expecial	HOW INJURY OC Street and Number , State) and menner se stat ace, end due to the	CURED or Flural Rooted.	ute Number,								
BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. STENATURE AND TITLE OF GERTIFIED 30. NAME AND ADDRESS OF PERSON WH	1 Inpetient 2 ER/Os 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sc ICIAN: To the best of my known of the best of examinating of the best of examinating of the best of the best of the best of examinating of the best of the best of examinating of the best of the best of examinating of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the bes	ipetient 3 DOA 28b. TIME INJUING At home, ferm, streedily) Wiedge, death occurred on end/or investigation, EATH (ITEM 27) (Type, F	OTHER: 1 Nursing Home OF 26c. INJU WOR 1 1 Y set, fectory, office at the time, date a In my opinion, de	RY AT K? ES 2 NO and place, end due the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occurrence of the occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occ	8 Other (Special Control of Chy or Town to the cause(e) end place of the control of the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cau	HOW INJURY OC Street and Number State) Indiameter se state ace, end due to the	CURED or Rural Roll led. ie ceuse(s) (ute Number, and menner es stated. Agnth, Day, Year)								
BE COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. STENATURE AND TITLE OF GERTIFIED WILLIAM AND TITLE OF GERTIFIED WILLIAM AND TITLE OF GERTIFIED WILLIAM AND TITLE OF GERTIFIED	1 Inpetient 2 ER/Os 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sc ICIAN: To the best of my known of the best of examinates) R OCOMPLETED CAUSE OF COMPLETED CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE	28b. TIME INJUING At home, ferm, streedly) Wedge, death occurred on end/or investigation, EATH (ITEM 27) (Type, F	OTHER: 1 Nursing Home OF 26c. INJU WOR 1 1 Y set, fectory, office at the time, date a In my opinion, de	RY AT K? ES 2 NO and place, end due the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occured at the occurrence of the occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occ	8 Other (Special Control of Chy or Town to the cause(e) end place of the control of the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cause(e) and the cau	HOW INJURY OC Street and Number State) Indiameter se state ace, end due to the	CURED or Rural Roll led. ie ceuse(s) (ute Number, and menner es stated. Agnth, Day, Year)								

A 42 MO appropria

an with a state of the

NOVIÈ 1992 JE CELLANDE

	•
-6	
9	***
9	
œ	ľ
9	
×	
0	
m	
	4
0	ľ
ο.	
_	
S	
	9
Œ	ľ
0	
O	
Ш	
œ	
_	
⋖	
-	i
5	-
	-
_	1
0	-
Z	
0	The second second second second second
70	1
	I
>	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
_	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Lest) MARIAN A. GRIFFIN 2. DATE OF DEATH 3. TIME OF DEATH YEAR 55pm 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS 1 🗆 M 2 📈 F 215-14-8472 10-9-1919 Maryland phoods 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH THE UNION MEMORIAL HOSPITAL BALTIMORE CITY DIRECTOR permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore Baltimore 1 YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 8735 Littlewood Road 21234 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married
3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: White BY COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) Coflege (1-4 or 5+) 5+ 12 years Engineer Electrical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE Corwin Armstrong Sophie Unavailable 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Τ. Griffin 8735 Littlewood Rd Balto. Md 21234 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Rem

4 Donation 5 Other (Specify) DATE must 10/9 cemetery, crematory or other place) Metropolitan Cremator Balto. Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Johnson Funeral Home Loch Raven Blvd. Balto medicel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by t Approximate shock, or heart failure. List only one cause on each line. interval Bety 6 IMMEDIATE CAUSE (Final Onset and Death cremation, other traumatic event, the disease or condition_ DUE TO OR AS A CONSEDUENCE OF): completely resulting in death) and com burial. Failure CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 6 s has been signed by the attent e Dept. of Health and Mental I m 23 shows eny Injury, o Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO 1 TYES 2 1 NO PHYSICIAN: State L 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINER? HOSPITAL:
1 Dinpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO me 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing He 9 28s. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation M 1 YES 2 NO death DIRECTOR: After thours after death BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 90 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide 29s. CERTIFIER
(Check only 1 [CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL WITHIN 72 h IMPORTANT: II 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. BE 世景 PE de 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

-32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

Transe

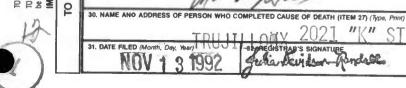
•

9	
~	
100	
4	
\times	
	4
\approx	1
. BOX 6876	1
_	-
O	
0	
	3
in	3
~	
-	4
	1
0	1
()	
$\widetilde{\mathbf{H}}$	
~	1
4	н
N OF VITAL RECORDS, P.O. E	1
4	
-	1
-	-
>	3
11	Š
<u></u>	5
	7
7	7
\overline{a}	2
$\underline{\circ}$	6
S	î
DIVISION	1
>	4
_	5
land.	
	ACCOUNTS ON ATTENDIAN MANAGEMENT TO INC.
	è
	5
	- 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10V 5, YEAR GLLBERT 992 6:30P4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 579-38-3752 62 NEW YORK 1 M 2 | F DAYS HOURS MIN. YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 6350 MONTROSF MONTGOMERY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY ROCKVILLE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6350 20852 MONTROSE RD. USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Pt 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) -College (1-4 or 5 +) ATTORNEY DC CORP. COUNCIL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ISADORE GIMBLE SADIE FREEDMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 2 JOSEPHINE G. GIMBLE 6350 MONTROSE RD. ROCKVILLE, MD. 20852 20a METHOD OF DISPOSITION
Buriel 2 Cremation 3 Removel from State
Onation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of KING DAVID MEM. GARDENSI 1/8/92 FALLS CHURCH, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY IVES-PEARSON MQ Mian H WILSON BLVD, ARLINGTON, VA 23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each ilps. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditione, if any, landing to immediata cause. Enter UNDERLYING MAX CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not reculting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the tels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

(DG)



BE

296. SIGNATURE AND TITLE OF CERTS

NOV 1 3 1992

Suna deuter fondate

29d. DATE SIGNED (Month, Day, Year)

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after

	John Lacy		ory					MONTH	-12 <u>-1</u> 92	YEAR	S. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 577-58-685		5. SEX	6. AGE (In y		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE O	P BIRTH Day, Your) 8 — 1 0	Country)					
	9a. FACILITY NAME (If not inst		22	02		CITY TOWN	OR LOCATION OF			Wash	ningtor				
E E	1148 Steam	nboat				p	y Side	DEATH			Arunde.				
DIRECTOR	100. STATE MD	10b. COUNTY	Arunde	1	10c. CITY, TO Shad	y Si	ation de				IOd. INSIDE CITY				
ERAL	10e. STREET AND NUMBER					1	01. ZIP CODE		10g. CIT		I YES 2 \ A				
E	1148 Steamboat Road						20764		USA						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES			YES 2	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					s or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
ED .	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
LET	Elementary/Secondary (0-12) College (1-4 or 5+)				Cabinet				Wood Working						
OMPL	17. FATHER'S NAME (First, Mid	die, Last)			Cabinet	Make		NAME (Flore MI	ddle, Meiden Surname)	OLKII	19				
O I	Lacy E. Gr		У				Hart Tion	hy Tr							
0 8	19a. INFORMANT'S NAME (Typ	e/Print)					and Number or Run	al Route Numbe	, City or Town, State, Zi						
٩	Douglas La		regory		6529 W	est S	Shady S	Side F	load, Sha	ady S	Side, N				
	20e. METHOD OF DISPOSITIO	3 🗆 Ramo	val from State		ACE AND DATE OF DI		Name of	DATE	20c. LOCATION -	City or Tow	n, State				
-	4 Donation 5 Other (S		were 4		shingto		tional	Cem.	Suitl	and,	MD				
	III SIGNATURE OF HIMERICA	A A	1/1/						Home,						
	23. PART I. Enter the dis-	40	all x			12 R:	idgely	Ave.	Annapol:	is, N	4D 2140				
TIFICATION	DUE TO JOB AS A CONSEQUENCE OF														
CERTII	resulting in death) LAST	La													
- 1	PART II. Other significant	conditions	contributing to d	eath but r	not resulting in th	e undarlyli	ng cause given i	in Part I.	4a. WAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FIN				
EDICAL									YES 2 NO	0					
ME									. 4		WAILABLE PRIOR TO COMPLETION OF CA OF DEATH?				
										1	COMPLETION OF CA				
A	OF MAD CARE DEFENDED.	MEDICAL								1	COMPLETION OF CA OF DEATH?				
SICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			HER:	PLACE OF DEATH (Check only one)		1	COMPLETION OF CA OF DEATH?				
HYSICIAN			HOSPITAL: 1 Inpatient 2		nt 3 DOA 4	HER: Nursing Ho	PLACE OF DEATH (Check only one)	-,,,		COMPLETION OF CA OF DEATH?				
F	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe	ending	1 Inpatient 2 I	NJURY		HER: Nursing Ho	me 5 Residence	Check only one)	Specify)		COMPLETION OF CA OF DEATH?				
D BY PHY	EXAMINER? 1		26e. DATE OF II (Month, Day) 28e. PLACE OF	NJURY ; Year) INJURY — /	26b. TIME OF	HER: Nursing Ho 28c. th W M 1	JURY AT ORK? YES 2 NO	Check only one) 6 G Other (26d. DESC	RIBE HOW INJURY OC	CURED	COMPLETION OF CA				
TED BY PHY	EXAMINER? 1	onding restigation	1 Inpatient 2 I	NJURY ; Year) INJURY — /	26b. TIME OF	HER: Nursing Ho 28c. th W M 1	JURY AT ORK? YES 2 NO	Check only one) 6 G Other (26d. DESC	RIBE HOW INJURY OC	CURED	COMPLETION OF CA				
MPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Cc 4 Homicide 6 Cc 4 Creck only 1 CERTIFIER (Check only	ending restigation build not be termined	26e. DATE OF II (Month, Day 26e. PLACE OF building, et	NJURY ; Year) tNJURY — itc. (Specify)	26b. TIME OF INJURY At home, farm, street	HER: Nursing Ho 28c. (N) M 1 i, factory, offi	JURY AT ORK? YES 2 NO	Check only one) e 6 Other (26d, DESC 26f, LOCAT City or	RIBE HOW INJURY OC	CURED or or Rural Root	COMPLETION OF CA				
O BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Cc 4 Homicide 6 Cc 4 Homicide 6 CC 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE O	ending restigation ould not be termitred YING PHYSIC AL EXAMINER	26e. DATE OF H (Month, Dey. 28e. PLACE OF building, et AN: To the best of m On the beste of exa	NJURY - / Year) tNJURY - / Lc. (Specify) ny knowledge mination en	28b. TIME OF INJURY At home, farm, street Je, death occurred at addor investigation, in	HER: Nursing Ho 28c. th W M 1	JURY AT ORK? YES 2 NO	Check only one) 6 G Other (26d. DESC 26f. LOCAT City or	tON (Street and Number Town, State) (e) and manner as stated place, and due to the	r or Rural Roc	COMPLETION OF CA				
TO BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Cc 4 Homicide 6 CERTIFIER (Check only one) MEDIC 29b. SIGNATURE AND TITLE O	ending restigation ould not be termined YING PHYSICI	26e. DATE OF H (Month, Dey. 28e. PLACE OF building, et AN: To the best of m On the beste of exa	NJURY - / Year) tNJURY - / Lc. (Specify) ny knowledge mination en	26b. TIME OF INJURY At home, farm, street	HER: Nursing Ho 28c. th W M 1	JURY AT ORK? VES 2 NO ce e end place, and dideath occured at ti	Check only one) 6 G Other (26d. DESC 26f. LOCAT City or	tON (Street and Number Town, State) (e) and manner as stated place, and due to the	r or Rural Roc	DOMPLETION OF CA PP DEATH? YES 2 No Ite Number,				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1 - FOR STATE REGISTRAR	STATE OF MARYL			MENT OF H		MENTA	L HYGIEI	NE 92	7-3	1680	
	1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AV 1	EAR 3.	TIME OF DEATH	
		DENO			(GUT RI	DGE	11				1:41 P.	
		4. SOCIAL SECURITY NUMBER 213-80-8642	5. SEX 6. AGE	(In yrs. last t	M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		Country)	CE (State or Foreign	
pino		9a. FACILITY NAME (# not institution, give		29	YRS.	P CITY TOWN C	OR LOCATION OF D		30- 1	963 M	lary		
1, 2, 3 should	CTOR	200 BLK.S.FAG				,	ORE CI			SC. COOM		-	
t. Pages	DIREC	Maryland	Y			imore	TION					I. INSIDE CITY LIMITS? YES 2 ND	
020 physician. burial-transit permit. Pages	ERAL	106. STREET AND NUMBER 202 S. Fagley	Street		-		. ZIP CODE 1.224					COUNTRY?	
0 2 2	BY FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Spe 2 NO If yes, specify Cuben, Mexican, Puerto Rican,					tfy Yes or No— 14. RACE — American II. Black, White, etc. PoorA White			
	ETED	(Specify only highest grade completed)			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.)			166. KIND OF BUSINESS/INDUSTRY					
ND hospits ached	BE COMPL	12th -				Insulator				Self Employed			
YLAN by the hor be detach at once.		17. FATHER'S NAME (First, Middle, Last) GOODGE Gutr							AME (First, Middle, Maiden Surname) Janice			1 : 4.1	
MARY retained b 5 should Inotified		19a. INFORMANT'S NAME (Type/Print)	Gut	_	idge Jan: 196. MAILING ADDRESS (Street and Number or Flural Floute Num					do what does to			
	2	Janice Grabows	xi.				Knoll				,		
TT 40 T3 I		20e. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State cen	b. PLACE AN	DOATEOF	DISPOSITION /Na	me of	DAT	E 20c. L	DCATION - CR	y or Town,	State	
Page al direc		21. SIGNATURE OF SIZE FAL SERVICE LICENSEE.											
. 0 = 0		Joseph N. Zannino Jr. Funeral Home 263 S. Conkling St. Balto .Md. 212									1 Hbme 21224		
760, ed within 24 nou completely filled is al, cremation, or event, the my	PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases or shock, or heart failure. IMMEDIATE CAUSE (Fine disease or condition resulting in death)	complications that cause List only one ceuse on e	each line.		enter the mo	de of dying, su	ch as car	diac or resp	piratory arres	t,	Approximate Interval Between Onset and Death	
P.O. BOX h certificate be es ending physician a Hygiene prior to or other traum		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C. DUE TO (DR AS A										
RECORD: requires that the sen signed by the of Health and M shows any Inji		PART II. Other significant condition	ns contributing to death b	but not res	suiting in	the underlying	g cause given in	Part I.	24e. WAS AI PERFO 1 PYES	RMED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\square\) NO	
TAL I		25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C	heck only o	ne)		<u> </u>		
VITA AN: The tificate h State 6 State 6	Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3	DOA 4	THER:	e 5 🗆 Residence	6\E\oth	er (Specify)	200 6	EAC	LEV CE	
OF VITAL PHYSICIAN: The law this certificate has with the State Depr with or Item 23	£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF 28c, INJURY AT 28d. INJURY WORK?				ACTION (Specify) 200 S. FAGLEY ST.				
	B	1 Netural 5 Pending 2 Accident Investigation	11-11-19			25 P 1 YES 2 NO			SUBJECT SHOT				
TSIC TTENDI TTOR: A after d		3 ☐ suicide 6 ☐ Could not be 4 ☐ Homicide 6 ☐ Could not be determined ON				erm, street, factory, office 26f, LOCATION (Str				eet end Number or Rural Route Number, ate) C.S.FAGLEY STREET			
DIV TTAL DR A RAL DIREC TZ hours	COMPLETED		ICIAN: To the best of my know										
HOSPITAL FUNERAL WITHIN 72		29b. SIGNATURE AND TITLE OF CERTIFIE							and prace, a			S 1-2 11-7 2 111115	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	TO BE	Marite mechile								≥ 11 -		nth, Day, Year)	
	F	30. NAME AND ADDRESS OF PERSON WI	ON COMPLETED CAUSE OF DE			-	et, Bai] t i m	ore	Marul	and	21201	
"		31. DATE FILED (Month, Dwy, Year)	TO PREGISTRANT COM	2	I CIII	DELE	ct, ba.	∟	ore,	Mar A 1	and	21201	

A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA

9c. COUNTY OF DEATH

na

10g, CITIZEN OF WHAT COUNTRY?

2. DATE OF DEATH 10-29-92 YEAR

> 0

23

HONTH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: Black

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

10.29.92

Interval Between

Onset and Daath

9

ALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

Gradi

NOV 13 1992

1. DECEDENT'S NAME (First, Middle, Last)

1 -

8.0	
	ŀ
	1
O,	
92	
00	
9	
BOX 68760	
9	
ш	
o	
P.0	
-	
S	
7	
8	
M	
RECORDS, P.	
A	
OF VITAL	
F	
Z	
DIVISION	
S	
>	
ō	
_	

Harnson 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year 69 14 M 2 | F MONTHS DAYS HOURS 225-26-5403 YRS. 05-21 page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Liberty Medical Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION Maryland na Baltimore FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 2095 Rock Rose Avenue 21211 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) FORCES? 1 YES 2 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ₩ after death. Page 6 may be retained by H notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 20b. PLACE AND DATE OF DISPOSITION
1 | Burial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) | In State removal removal must filled in by the funeral director, on, or removal. H. SIGNATURE OF FUNERAL SERVICE LICENSES Ronald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 11/9/92 655 W. BaltimoreSt, Balto, MD 21201 mary 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or reapiretory arreat, ahock, or heart failure. List only one ceuse on sech line. medicai within 24 hours IMMEDIATE CAUSE (Final and completely filled burial, cremation. the disease or condition resulting in death) amenia event, executed P traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician a it. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING 2 Spinal arro certificate CAUSE (Disease or Injury other DUE TO (OR.AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 20 death (Injury. PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY that shows any 1 YES 2 NO requires PHYSICIAN: After this certificate has be death with the State Dept. item 23 WB 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO petlant 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation FUNERAL DIRECTOR: After the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER THE HE BE -2014 Leval BSE my 2 2 3 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Devadoss M. O 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

GRADY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HARRISON

DHMH-16 Rev 1/89

WOV 13 1902 State Language

	-		
	400		
	- FS		
	2.3		
	-		
	etely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	4		
	E		
	A		
ė	ansi		
Cla	1-67		
SE.	uni		
0	96		
NO.	ST		
	60		
50	27		
3	1 6	a	
080	the c	_	1
-	etac		-
5	9 9	F 4	-
5	Q P	9	3
Mule	POUL	7. 15	- 4
rete	5 5	7 8	3
8	ab	* 40	m)
Hay	Da.	nior to bunal, cremation, or removal,	7
0	Cla		i
añe	dire		-
	E		1
200	fune	1	-
5	古	P	- 6
6	4	E C	4
2	5	f re	700
=	Ped	0,	1
7	y fi	ation	4
	ete	ema	
2	E	0	9776
onn'	8	unial	
2	and	0	Sec.
5	ian	or to	2116
210	ySic	Ď,	1
2	100	ene	A N
2	ding	P	
1000	Itten	12	
0	he s	Men	Till Street
5	by t	B	-
DIG	pa	di di	7766
201	Sign	teal	9
מלום	s certificate has been signed by the attending physician and completely filled	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat	4
	8	H	6
5	has	De	ċ
-	afe	tate	9
2	Tific	e S	-
2	cer	5	*
-	This	With	den's
2	ler !	de.	200
5	Aft	de	
E	9	fter	0
2	ECT	Sa	6 "
5	DIR	DO.	1000
2	_	2	-
	3	100	-
5	VERA	hin 7	1
THE POST INTERIOR OF THE POST INCOME. THE NEW TEQUIES USE US USED USED USED USED USED USED	FUNERA	d within 72 hours after death with	DIRATE is them 90 to marked on them 92 shows now infinite brainfully assent the marked assentant and a second shown and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las ROBERT MILLAR: 4. SOCIAL SECURITY NUMBER	D HINES	rs. last birthday)	IF UNDER 1 YEAR	DEATH 2. NO	PATE OF BUILTH	, 1992 2	2 TIME OF DEATH		
	215-58-2293	1 ⋈ M 2 □ F 4	11 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)	ryland		
10R	9e. FACILITY NAME (If not institution, give THE JOHNS HOPKIN			BALTIMOR	R LOCATION OF DEATH	1.5	ALTIMORE			
. DIRECTOR	Maryland Maryland	пу	10c. CITY	, TOWN OR LOCAT	altimore C	e City 10d. INSIDE C LIMITS? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ERAL	100. STREET AND NUMBER 109 West Hil	l Street		101	2123		Og. CITIZEN OF WI			
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2XXNO	If yes, sp	ENDENT OF HISPANIC Concily Cuban, Mexican, Pt 2 1 NO Specify:	RIGIN? (Specify Yes or serto Rican, etc.)	No — 14. RACE Black, Specify	- American Indian White, etc. White		
LETED	15. DECEDENT'S EL (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w ille. Do NOT us	USUAL OCCUPATION ork done during mo	ON st of working	16b. KIND OF BUSING				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	3 Years	Presid	ient	18. MOTHER'S NAME (Crystal :	namel			
BE C	Frank Hines		-		Elizabe	th Wheele	t Betty	E. Whee		
TO BE	190. INFORMANT'S NAME (Type/Print) Deborah J. Hine	2.5			nd Number or Rural Route Street, Ba			21230		
any injury, or other traumatic event, the medical	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A CCC. DUE TO (OR AS A CCC. DUE TO (OR AS A CCC.	ONSEQUENCE OF	ot enter the mo), sease	cardiac or respirate	TOPSY 24b. V	Approximation interval Bel Onset and 9 19 9 19		
₹	PERFORMED? 1 YES 2 NO COM OF 0 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 To YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO COM 1 TO YES 2 NO C									
CIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL			ACE OF DEATH (Check o	nly one)		MAILABLE PRIOR TI COMPLETION OF CA OF DEATH?		
YSICIAN: M		HOSPITAL: 1 In Inpetiont 2 ER/Outpetic 25s. DATE OF INJURY	28b. TIME	OTHER: 4 Nursing Hom OF 28c, INJ	e 5 🗆 Residence 6 🗆	Other (Specify)		COMPLETION OF CA OF DEATH?		
AN: MEC	EXAMINER?	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c, INJ IRY WO 1 1 1	URY AT RK? (ES 2 NO		PRY OCCURED	COMPLETION OF CA		
D BY PHYSICIAN: MET	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHY	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY —	28b. TIME INJU	OTHER: 4 Nursing Hom E OF 28c. INJ RY WO 1 1 1	e 5 Residence 6 URY AT RK7 28c Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Residence 6 Resid	Other (Specify) DESCRIBE HOW INJU LOCATION (Street and City or Your, State) to cause(a) and manner	Number or Rural Ro	COMPLETION OF CADE DEATH? YES 2 No.		

1 - FOR STATE REGISTRAR

×	di.	
4	9	
œ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	
	SULS	
	4 00	
	2	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	with	
76	8	
ထ္ထ	DO.	
_	ex ex	
6	2	
ă	ate	
	tific	
Ų.	S	
О.	ath	
ທົ	de	
0	\$	
8	that	
$\ddot{\circ}$	S	
Щ	2	
α	₩ Te	
7	E	
~	Ĕ	
=	3	
L	3	
<u></u>	₹	
-	65	
ō	N N	
<u></u>	EN	
Ë	A	
\leq	8	
	7	
	PIT	
	Ş	
	뿌	
	Ē	
	F	

		1. DECEDENT'S NAME (First, Middle, Last) July an	Himr	7	facb			2. DATE OF DEATH	9	3. TIME OF DEATH
pp		4. SOCIAL SECURITY NUMBER 577-16-5933	1 M 2 D F 7	AGE (In yr	YRS. MO	UNDER 1 YEAR	HOURS MIN.		916 0	BIRTHPLACE (State or Foreign Country) NASHINGTON, DC
, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give st HEBREW HOME OF GR RESIDENCE OF DECEDENT		INGT		ROCKVI	OR LOCATION OF DEA	тн	MONT (GOMERY
permit, Pages 1,	DIRECTOR	D. C NONE			10c. CITY, TO WASHI	NGTON	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	FUNERAL	3636 16th STREET,	N.W.				OO12		U.S	N OF WHAT COUNTRY?
s the burlal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, FORCES? 1 (A) IF YES, GIVE WAR	VER IN U.S YES 2 OR DATES	B. ARMEO	If yes, s	cendent of Hispania secify Cuban, Mexican, 8 2 NO Specify:		s or No 14	Black, White, etc. Specify, WHITE
f for use as	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	164	(Give kind of work We. Do NOT use re	done during m fired.)	ost of working	16b. KIND OF BU			
page 5 should be detached be notified at once.	COMPL	12 17. FATHER'S NAME (FIRST, MICKING, LASI) PAUL HIMMELFARB			OWNER/O	PERATU	ATOR PHOTOGRAPHY 18. MOTHER'S NAME (First, Middle, Maidon Surname) ANNETTA LEIBOF			
5 should to	TO BE	190. INFORMANT'S NAME (Type/Print) ALVIN HIMMELFARB			19b. MAILING AD	DRESS (Street	and Marshar and Day 10	at North Ob . T	m, State, Zip Co	, MARYLAND
ector, page must be		20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	206. PL	ACE AND DATE OF D	ISPOSITION /A	ame of CEMETER	OATE 20c. LO	CATION — City	y or Town, Stata , MARY LAND	
tuneral direct.	ì	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE OF A	×		STEIN	ND ADDRESS OF FACE HEBREW M	EMORIAL F	UNERAL	HOME, INC.
completely filed in by the funeral director, rial, cremation, or removal. c event, the medical examiner must		23. PART I. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause Sepsi. DUE TO (OR	S AS A CO	NSEQUENCE OF):	enter the m	ode of dying, such	as cardiac or resp	iratory arrest	t, Approximata interval Between Onset and Death
the attending physician and cor Mental Hygiene prior to burial, ijury, or other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CO	NSEQUENCE OF):	gra	de lu	mpho	ma	6443
After this certificate has been signed by the attraction with the State Dept, of Health and Mental stranked, or item 23 shows any injury.	: MEDICAL	PART II. Other significant conditions Hy Bladle	contributing to dea	nth but r	not resulting in t	he underlyir	ig ceuse given in P	art i. 24a. WAS AN PERFOI 1 - YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
e State De	rsician	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatie		THÉR:	LACE OF DEATH (Chec	5-101		
DIRECTOR; After this certility after death with the Item 28 is marked, or	ву РНУ	27. MANNEW OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJ (Month, Day,)	bar)	26b. TIME O	M 1 🗆	YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUP	IED
DIRECTOR: A hours after de item 28 is		3 Suicide 6 Could not be determined	26s. PLACE OF IN building, etc.	JURY — / (Specify)	At home, farm, stree	ot, factory, offi	:a	281. LOCATION (Street City or Town, State)		Rural Route Number,
국 27 ==	COMPLETED		CIAN: To the best of my R: On the bests of exami							cause(s) and manner as stated.
TO THE FUNER be filed within IMPORTANT:	TO BE	29b. BIGNATURE AND TITLE OF CERTIFIER 36 NAME AND ADDRESS OF PERSON WHO	ll	2	0		29c. LICENSE NUME	79	11	MONED (Month, Day, Year)
2		Susan J. M. 1/2 31. DATE FILED (Mohil), Day, 1881	COMPLETED CAUSE OF	SIGNAL	00 1	ose Re	Rocher	ille um	208	Variation 52
		NOV 1 3 1992	The suid	-A	andest					DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ŵ		
No.		
ē		
ij		
the		
35		
USB		
Por		
detached		
2		1
should		44.00
S		1
page		1
director,		the medical exemines much be neathern as an
funeral		- Jane
ş	Na.	į
ã	- BU	1
u p	50	-
E E	00	4
npletely	cremat	0 00000
500	<u>ia</u>	-
and	ğ	de
an s	9	-
Sici	Drio	1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the lumbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

once.	I
at	ı
notified	ı
9	ı
must	I
examine	
medical	Ì
the	1
event,	
traumatic	
other	
0	l
ž	ĺ

92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)	UTS A	0.0					2. DATE OF DEATH MONTH D	AY	YEAR 3. TIME OF DEATH
-	4. SOCIAL SECURITY NUM	<u> </u>	5. SEX	レリ					- 11	11	92 0830 m
	070-28-51		1 M 2 V F	6. AGE (In yrs. les		MONTHS DAY		1 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-01-		8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not in			39		9b. CITY, TOW		011 05 00			N. Carolina
R	Baltimore	_	•	eral Ho	- 1		to.,				JNTY OF DEATH
5	RESIDENCE OF DEC	CEDENT		CIGI III				COur	ity	D	alto.
뿐	10a. STATE	10b. COUNT			10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
10	MD . 10e. STREET AND NUMBER		altimor	<u>e</u>							1 TYES 2 THO
FUNERAL DIRECTOR	113 Willo		Drive				101. ZIP CO0	€ 117		10g. Cf1	TIZEN OF WHAT COUNTRY?
Š	11. MARITAL STATUS	WDEII	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WAS D		11/	C ORIGIN? (Specify Yes	ar No	U.S. 14. RACE — American Indian.
	1 Never Married 2		FORCES? 1	YES 2	fO	If yes,	specify Cubs	ın, Mexican	, Puerto Rican, etc.)	. 0. 110	Black, White, etc.
ЭВУ	3 ☐ Widowed 4 🏠 Divo	orced					2 2 2 3 110	ороспу.			Black
Ħ	15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	16a. DE	CEDENT'S U	ISUAL OCCUPA ork done during retired.)	TION most of world	ng	16b. KIND OF BU	SINESS/IN	DUSTRY
COMPLETED	Elementary/Secondary (I	0-12)	College (1-4 or 5	r) ///0.		Retir			1 C & I	Te	lephone Co.
OMI	17. FATHER'S NAME (First, M	ficidie, Last)				Ketii			E (First, Middle, Maiden		
BE C	Willi	e Ch	arles						ha Ann V		iams
TO B	19a. INFORMANT'S NAME (7			191	. MAILING A	ADDRESS (Street			oute Number, City or Tow		
F	William	E. Ch	arles		113	Willo	wben	d Dr	ive Owir	ngsm	ills, MD21117
	20a. METHOD OF DISPOSIT	on 3 🗆 Ram	oval from State			DISPOSITION OF PIRE PIRE PIRE PIRE PIRE PIRE PIRE PIRE		. 11			City or Town, State
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENSEE	Comm	unite		AND ADDRE			1001	co, N.C.
	Stor	other	Olecto	7 #	281					21-2	7 N.MONROE ST ,MD. 21217
	22 PART I Sever the di	ina	Coose	"				TITP	Ball Ball	to.	,MD. 21217
	Company of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	eart railure.	List only one cau	se on each line	eth. Do no	t enter the r	node of dy	ing, auch	aa cerdiac or reapi	ratory ar	Interval Between
	IMMEDIATE CAUSE (Fir	101	CHE	ACU	ITE	MY	11 A1	201	ACIN	CAL	Onset and Death
	resulting in death)		DUE TO	OR AS A CONSEC	DUENCE OF):	-1-10	101	- 1	110 11	F / 11:	
N	Sequentisity list conditi	lons.	b								
CERTIFICATION	If any, leeding to immediates. Enter UNDERLYI	diate	DUE TO	IOR AS A CONSEC	UENCE OF):						
띪	CAUSE (Disesse or Inju that initieted events	Iry	DUE TO	(OR AS A CONSEC	UENCE OF):	:					
ERI	resulting in death) LAS	T (ś								
	PART II. Other significe	nt condition	s contributing to	deeth but not re	esulting in	the underly	ng cause (alven In P	art I. 24a, WAS AN	ALITOREV	24b. WERE AUTOPSY FINDINGS
S	ACUT	FRE	NAL 1	AILU	re.	the underly	ing cause (giveir iii r	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL									1 YES 2	□ NO	OF DEATH?
											1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					PLACE OF 0	EATH (Chec	k only one)		
YSI	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3		OTHER:	ome 5 🗆 Re	sidence 6	☐ Other (Specify)		
	27. MANNER OF OEATH 1 Natural 5	Pending	28a. DATE OF (Month, De	INJURY ny, Year)	28b. TIME	RY	NJURY AT VORK?	2.00	28d. OESCRIBE HOW II	NJURY OC	CURED
B	2 Accident	Investigation	28e, PLACE O	F INJURY — At hor	ne form etc		YES 2	-	ON LOCATION (Over 1		
		Could not be determined	building,	atc. (Specify)	,,	out, ractory, or			281. LOCATION (Street a City or Town, State)	no Number	or Hurai Houte Number,
L.	29a. CERTIFIER (Check only	IFYING PHYSK	CIAN: To the best of	my knowledge, der	ith occurred	at the time, da	te end place.	and due to	o the cause(s) and man	Day on etel	144
COMPLETED											he cause(s) and manner as stated.
H	29b. SIGNATURE AND TITLE	OFCERTIFIER	n Lun				29c. LICE	NSE NUME	333	29d. DAT	E SIGNEO (Morith, Day, Year)
2	30. NAME AND ADDRESS OF	VI A	COMPLETED CAUS	GH A	127) (Type, P)	PACC	STA	WN	M02	117	?
	31. DATE FILEO (Month, Day,	Ybar)	32. REGISTRA	R'S SIGNATURE			- / 0	V 8	11/1		١
	NOV	1 3 19	92 Juli	Davidson	Randel	2					1

1		-	FOR STATE REGISTR	A
1	1.	D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CEF	TIFIC	ATE O	F DEATH	12211211	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DATE OF	DEATH			3. TIME OF DEATH
		MARIE		HUTH			NOVEM	NOVEMBER 11,1992			10:30 P. M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir	rthday)#	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	11,1	Y	IPLACE (State or Foreign
	214-40-5353	1 🗆 M 2 💢 🕱	94	YRS.	ONTHS DAYS	HOURS MIN.	(Month, D		0.0	Countr	γ)
- 3	9a. FACILITY NAME (If not institution, give stre		24	91	b CITY TOW	OR LOCATION OF D	OCT.2	2,10		INTY OF D	MARYLAND
Œ				"			LAIN				
6	AUGSBURG LUTHERAN	HOME			BAL	FIMORE				BALTI	IMORE
DIRECTOR	10a. STATE 10b. COUNTY		1	Oc. CITY, T	OWN OR LO	ATION				1	10d. INSIDE CITY
片	MARYLAND BA	LTIMORE	- 1	BA	ALTIMO	RE				- 1	LIMITS? 1 YES 2XXNO
	10e. STREET AND NUMBER					101. ZIP CODE			10n, CIT	IZEN OF Y	WHAT COUNTRY?
2	1556 BARRETT ROAD	1				21207			10.00	U.S	
FUNERAL		12. WAS DECEDENT EV	FD IN II C ADME	D	12 450 0	ECENDENT OF HISPA	MC COLONIA	n			
	XX Never Married 2 Married	FORCES? 1	YES 2 1 10		If yes,	specify Cuben, Mexico	an, Puerto Ric		OF 190-	Black	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 Y	ES 2 XNO Speci	ly:			Speci	"y: WHITE
	15. DECEDENT'S EDUCA		16a. DECER	DENT'S US	UAL OCCUPA	TION	16b. K	ND OF BUS	SINESS/IN		MILLIE
Ē I	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give I		done during	most of working					
7	200000000000000000000000000000000000000	4	SCHO	от. т	EACHE	R	RAT	LTIMO	DF C	TTV	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		DOM	001 1	LIZIOILI	18. MOTHER'S NA				111	
	HENRY HUTH					KATHAR			_		
8	19a. INFORMANT'S NAME (Type/Print)		105 14	AIL INC. AC	ODER COM	t and Number or Rural		CAAUS	-		
임		IECE)									01007
	20a. METHOD OF DISPOSITION	IECE)				ROAD, BAL		7			21207
	1 X Kurlat 2 - Cremation 3 - Ramov	ral from State	20b. PLACE AND cemetery, cremet LOUDON	ory or other	placa)		DATE	1		City or To	
	4 Donation 5 Other (Specify) 21. SIGHATURE OF FUNERAL SERVICE LICE	wher	LOUDON	PARK			1/14/92	BAL	TIMO	RE, M	ARYLAND
- 1		1 5			LERO	M. & RU	SSELL	C. W	TZKI	E FUN	ERAL HOMES
	Rugsellar	wigh	6		1630	EDMONDSO	N AVEN	UE, CA	ATONS	SVILL	E,MD.21228
	23. PART I. Enter the diseases, or co	mplications that ca	used the death	. Do not							Approximata
	shock, or heart failure. Li IMMEDIATE CAUSE (Final			~		.)	/-	1			Onset and Death
1	disease or condition	DUE TO (OR	chan	Cer	ment	incha	st kin	len			
1	resulting in death) a.	DUE TO (OR	AS A CONSEQUE	NCE OF):)		0		T		<u> </u>
z	.										
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):							
CERTIFICATION	Cause, Enter UNDERLYING CAUSE (Disease or Injury										
<u> </u>	that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):							
	resulting in death) LAST										
	PART II. Other significant conditions	contribution to do	oth had not see.	delan in a	the condensation		ala Ia				
8	TATE II. Cale significant conditions	contributing to dea	ith but not rest	Jiting in t	ne underly	ing cause given in	Part I. 24	Ia. WAS AN PERFOR		24b.	. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO
ᅙᅵ							1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Y Y							_				1 YES 2 NO
CIAN:											
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORDITAL				PLACE OF DEATH (C)	eck only one)				
io II		HOSPITAL: 1 inpatient 2 ER	/Outpatient 3 🗆		THER:	ome 5 🗆 Residence	6 Other (S	Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)		8b. TIME O	F 28c. I	NJURY AT VORK?	28d. DESCR	IBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Morios, Day,)	oui/	Medon		YES 2 NO					
	3 Suicide 6 Could not be	26a. PLACE OF IN building, etc.	JURY - At home,	farm, stree	et, factory, of	lice	281. LOCATI	ON (Street a	nd Numbe	r or Rural F	loute Number,
TED	4 Homicide determined	Sallowing, stat	(Opochy)				City or	Town, State)			
ן ב	29a. CERTIFIER SERTIFYING PHYSICI	AN: To the best of my	knowledge, death	occurred e	t the time di	to and place, and due	to the course	(a) and man		to d	
COMPLE	(Check only (MEDICAL EXAMINER:) and manner se stated
	296, SIGNATURE AND TITLE OF CERTIFIER							- p,			
H H	Day all	2/1				29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF RESSOURCE	50 G V				10179/	2		-//	, ,	1/1
	30. NAME AND ADDRESS OF PERSON WHO				,						
	HAROLD BOB M.D.	7220 PARK	HEIGHT	S AVE	ENUE, B	ALTIMORE,	MARYL	AND	212	08	
	31. DATE FILED (Month, Day, Year) NOV 1 3 1992	32. REGISTRAR'S	SIGNATURE AND								
		the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It fem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First	Middle Last)				TOATE		DEA		HEG. N	0.		
										2. DATE OF OEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	many		nmel									C 5	9 AM
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	-	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	220.12.4	293	1 🗆 M 2 💢 F	67	YRS.	BONTHS	DATE	HOURS	MIN.	March15	,1925		ryland
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN (OR LOCATI	ON OF OE			JNTY OF D	**
8	Cimmol	300	n. Hos				R a	ltin	noro				
KI	RESIDENCE OF DEC	EDENT	II. HOS	4.			Da	1 6 1 1	IOLE				
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY				
5	Md. Baltimore Middle River 1 VES								LIMITS?				
7									1 YES 2 NO				
FUNERAL	104. STREET AND NUMBER 109. CITIZEN OF WHAT COU												
焸	2106 Redthorn Road 21220 USA							A					
5	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — America 14. Never Married 2 Married 15. WAS OECEDENT EVER IN U.S. ARMED 16. Never Married 2 Married 17. Never Married 2 Married 18. WAS OECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — America Black, White, etc.)							- American Indian,					
BY	3 Widowed 4 Divo		IF YES, GIVE W						Specify:			Speci	fy:
	- Washes 4 13 5110	1000											White
三		EDENT'S EDU			CEDENT'S				20	16b. KINO OF B	USINESS/IN	DUSTRY	
Ш	Elementary/Secondary (C		College (1-4 or 8 i	1/de	Do NOT u	e retired.)	au my mo	or or works	9				
<u>e</u>	4th				Hous	ewi	fe						
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18, MOTI	HER'S NAM	RE (First, Middle, Mald	n Sumeme)		
	Louis V	enanz	i							ia Car			
H	19a. INFORMANT'S NAME (7			101	MAILING	4000566	. (01			oute Number, City or T			
2		,,,	2] "3"									
	Leroy		<u> </u>						Roa	d BAlti			
	20a. METHOD OF DISPOSIT 1 □ ▼ Purial 2 □ Crematic	n 3 🗆 Reme	oval from State	20b. PLACE / cemetery, cre	matory or o	ther niecel					OCATION —		
	4 Donation 5 Other			Holl	yHil	.lCe				16/92 B.	Altin	nore	Md.
- 1	21 SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	, 1		22.	NAME AN	D ADDRES	SS OF FAC	ILITY			
- 1	/ 1	I. F.	-0101	M.	01	C	onn	elly	Fun	eralHom	300M	lace	Ave.21221
-1	23. PART I. Enter the di	Shares or c	complications that	1 you									
	shock, or h	ert fallure.	List only one cau	se on asch line		iot enter	trial mo	ue or ayı	ing, sucn	ss cardiec or res	piratory er	rest,	Approximate interval Between
1	IMMEDIATE CAUSE (FIR	ei	^	1		1							Onset end Death
	disease or condition	→	Ha	the K	LOO	S	ww	1 6	-aul	ene			9 hrs
1			DUE TO	OR AS A CONSEC	UENCE	F):		Y		1112			
z			b					0					
CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	OR AS A CONSEC	VENCE OF	F):							
ঠ ∥	CAUSE (Discourse of Injury		0.										
里儿	CAUSE (Disease or Inju that initiated events		DUE TO	OR AS A CONSEC	NUENCE OF	F):							
	resulting in death) LAS	Т .	4.										
2													
甘	PART II. Other significe	nt condition	s contributing to	daeth but not r	esuiting I	in the un	derlying	cause g	given in P		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	COPE	7								1 _ YES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
쁘။										_ ' '	2 140		OF DEATH?
2										_			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL T											
ᅙᆘ	EXAMINER?	MEDICAL	HOSPITAL:			OTHER	~	ACE OF DI	EATH (Chec	ck only one)			
≥ ≥	1 YES 2 NO		1-Sinpatient 2 -			_	ing Home	5 🗆 Re	sidence 8	□ Other (Specify)			
ᇤ	27. MANNER OF DEATH	N. C. Maria	28a. DATE OF (Month, De		26b. TIMI INJ	E OF URY	28c. INJI WO			28d. DESCRIBE HOW	INJURY OC	CURED	
À		Pending investigation				M	1 🗌 Y	ES 2	NO				
- 4		Could not be	28e. PLACE Of building.	INJURY — At hor Mc. (Specify)	ne, farm, s	treet, tacte	ory, office	,		281. LOCATION (Street		or Rural A	oute Number,
COMPLETED	4 Homicide	Setermined	G0559 M0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or Town, Stai	0)		
ון שֶ	29a. CERTIFIER CERT	IFYING PHYSIC	MAN: To the heat of	ny kaominana a	th comme	d -d ab - at				o the cause(a) and m			
ቜ													
႘ၟႃ		ONE EXAMINE	. On the basis of ex	artification and/or i	ivestigatio	n, in my o	pinion, de	eath occur	ed at the ti	ime, date and place,	ind due to th	ie cause(a)	and manner as stated.
HH HH	296. SIGNATURE AND TITLE	OF CENTIFIER	11	0	0			29c. LICE	NSE NUME	PER	29d. DAT	E SIGNED	(Month, Day, Year)
	Homo	ner	70M	Man	3/W	117		03	186	27	P 1	111	2/92
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITER	27) (Type,	Print)					,		
	31. DATE PILEDYMenth, Opy	har)	32. REGISTRA	S SIGNATURE									
	NOV 1 2 100	F.A. (1	**************************************									
	[] 190	4 3	Wanter Land	- Marie									



喜	38		
1 31	esn		
9	ě		
Spir	ped		
2	tach		9
Ē	de		2
5	2		75
8	20		9
AIG	S		ŧ
R	e 5		-
2	pag		ğ
E	tor,		180
2	rec		E
ā	a di		ne.
5	ner		Ē
5	2		BX8
B	#	Ova	60
0	5	rem	ě
3	P	ŏ	E
*	E E	og.	9
	le y	nati	-
Ē	ple	crer	E e
8	E00	<u>'a</u>	6
3	P	Par.	ä
3	B	2	Ě
5	icia	rior	ĕ
3	Ser Ser	e e	10
	2	gien	6
5	ig.	£	10
200	atte	Ital	>
9	율	Me	3
=	3	P	-
5	B	E .	all
ß	sign	leal	\$
2	69	50	P
	å	H	60
D	has	å	2
=	ate	tate	le le
Š	tific	6.5	1
3	9	#	1.0
Ē	his	With	ex
2	18	ath ath	nar
5	A	g	60
	OR:	fter	00
2	EG	5	7 2
5	P.	Pour	iter
2	M	2	=
2	NER	두	Ë
5	5	Wit	Z
E	뿔	Pe	208
TO THE MOSTINE ON ALLENDING PRINCIPLY, THE NAME REQUIRED FOR THE OPENING OF EXCUSED WITHIN 24 FOURS BUILD DESCRIPTION OF THE OWNER OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPENING OF THE OPE	5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	1. DECEDENT'S NAME (First, Middle, Last)		CERTI			2. DA	REG. NO		3. TIME OF DEATH	
	Ethe		11 10 199				2			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 (XF	(In yrs. lest birthday) 86 yrs.	MONTHS DAY	8 HOURS M	ıм. <i>(м</i>	TE OF BIRTH onth, Day, Year)		SIRTHPLACE (State or Foreign Country) Vermont	
20	9a. FACILITY NAME (If not institution, give street and numb Wellspring Nursing RESIDENCE OF DECEDENT	,			Burnie	OF DEATH		ac. county Anne	of DEATH Arundel	
DIRECTOR	Maryland Anne Aru		ty, town or Lo Slen Bur				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO			
FUNERAL	100. STREET AND NUMBER 1008 Pinetop Drive				101. ZIP CODE 2106	1		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?			If yes,	DECENDENT OF H specify Cuben, N YES 2 1 NO S	texican, Puer	GIN? (Specify Ye to Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) LZLO Grade College (1-	(Give kind of life. Do NOT	ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use retired.) Unication Supr. Westinghouse							
20 20 E	17. FATHER'S NAME (First, Middle, Last) Edward	ner		18. MOTHER	's NAME (Fin	st, Middle, Meider				
2	190. INFORMANT'S NAME (Type/Print) Beverly Chambers	19b. MAILIN 1008	G ADDRESS (Stre Pinetop	ot and Number or I				yland 21061		
	20a. METHOD OF DISPOSITION 1 Burlel 2 🗷 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	nte 20	(Name of Inc.	11/		ocation — city 1timore	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.										
CENTIFICATION	23. PART I. Entar the diseases, or complications that caused the deeth. Do not entar the mode of dying, euch as cardiec or respiratory arrest, shock, or heart feliura. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AŞ A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other aignificant conditions contributi	ng to death I	out not resulting	in the underly	ring cause give	n in Part i.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING	
						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
	EXAMINER? HOSPITA		patient 3 🗎 ĐOA	OTHER.			ther (Specify)			
	EXAMINER? 1 YES 2 NO 1 Inpetier 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	It 2 ER/Out TE OF INJURY onth, Day, Year)	28b. Til	OTHER: 4 Nursing H ME OF 28c. JURY M 1	lome 5 Reside	28d. (DESCRIBE HOW	INJURY OCCURE		
	EXAMINER? 1 YES 2 NO 1 Inpatier 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	it 2 ☐ ER/Out ITE OF INJURY pointh, Day, Year) ACE OF INJURY Idding, etc. (Spe	28b. Til IN 7 — At home, farm, city)	OTHEO: 4 C Nursing H ME OF 28c. JURY M 1 street, factory, o	iome 5 Realde INJURY AT WORK? YES 2 No	28d. 0	OCATION (Street lity or Town, State,	and Number or Ri	D urel Route Number,	
COMPLETED BY THISICIAN. MEDICA	EXAMINER? 1 YES 2 NO 1 Inpatier 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide Could not be determined 288. PL bu 288. PL bu 288. PL bu 288. PL bu MEDICAL EXAMINER: On the bas	at 2 □ ER/Out TE OF INJURY onth, Day, Year) ACE OF INJURY ilding, etc. (Spe	f — At home, farm, cify)	OTHED: 4 C Nursing H ME OF JURY M 1 [street, fectory, o	injury at WORK? YES 2 Note that and place, and	28d, t 0 28f, L 0	OCATION (Street ity or Town, State,	and Number or Ri	urel Route Number,	
	EXAMINER? 1 VES 2 NO 1 Inpatter 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only) 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the Incidence of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	it 2 □ ER/Out ITE OF INJURY Onth, Day, Year) ACE OF INJURY Idding, etc. (Spe peet of my know is of examination	28b. Till IN I I I I I I I I I I I I I I I I I	4 C Thursing H ME OF 28c. JURY M 1 street, factory, o	injury at WORK? YES 2 Note that and place, and	28f. L 28f. L 28f. L 28f. L C d due to the at the time, d	OCATION (Street iny or Yown, State, cause(s) and ma sta and place, at	and Number or Ri	urel Route Number, use(a) and manner as stated. INED (Month, 17), Year)	

.

100

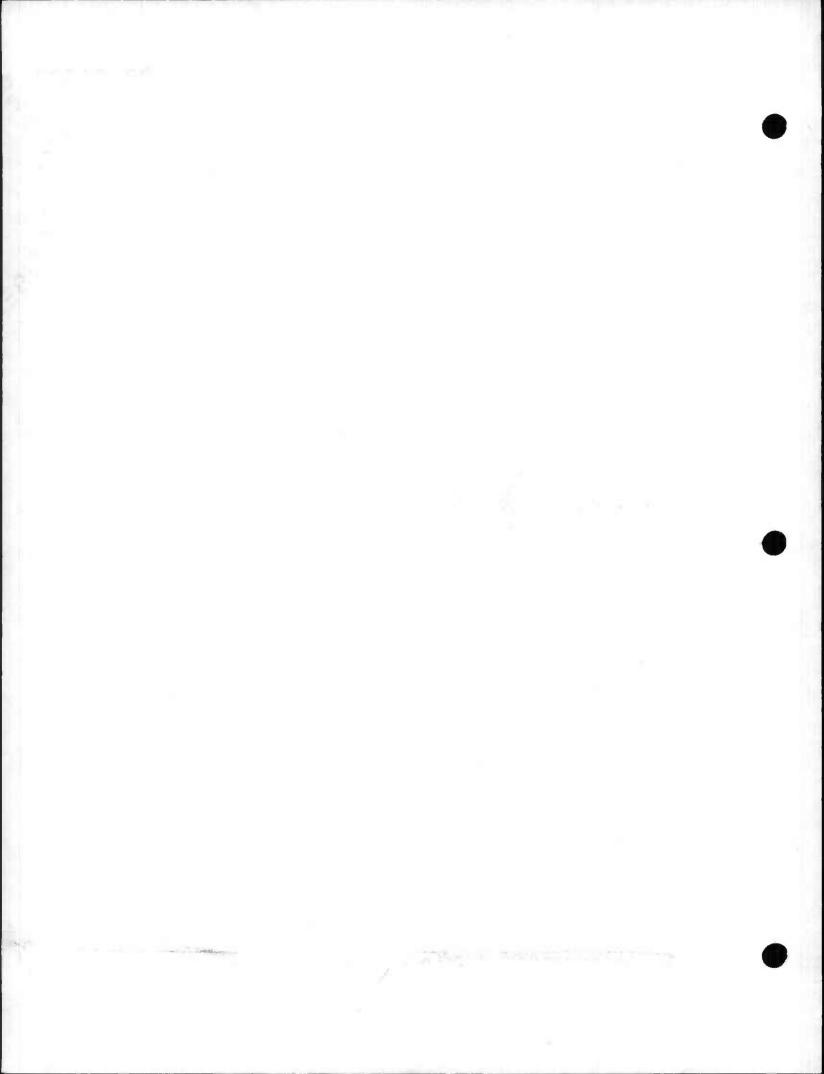
100

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4 hours after death. Page 6 may be retained by the hospital or attending physical	illed in by the furreral director, page 5 should be detached for use as the burling in, or removal.	e medical examiner must be notified at once.	TO BE COMPLETED BY FUNE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlin-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

									. TIME OF CEATH						
	Beatrice JONES								MONTH DA	7- 6	YEAR 2	1549 11			
	4. SOCIAL SECURITY NUM			AGE (In yrs. les		F UNDER 1 YE		ER 24 HRS.				ACE (State or Foreign			
	212 26 9	859	1 - M 2 7 F	73	YRS.	ONTHS DA	WS HOURS	MIN.	(Month, Day, Year)	19	Country)	h Carolir			
	9e. FACILITY NAME (If not in	nstitution, give s	treet end number)		9	b. CITY, TO	WN OR LOCA	TION OF D	EATH		TY OF DEA				
DIRECTOR							imore	9							
5	RESIDENCE OF DEC	10b. COUNT	,		T 40 AVENUE										
E	100 011,										1	Od. INSIDE CITY VLIMITS?			
										1	YES 2 NO				
10e. STREET AND NUMBER 140 Allendale St. 121229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuben, Mexican, Puerto Rican, etc. 17. Mary Marylad 2 Marylad 1 YES 2 No. If yes, specify Cuben, Mexican, Puerto Rican, etc.									10g. CITIZ		AT COUNTRY?				
Z	11, MARITAL STATUS	lale i		VER IN HE AS	MED	T 40 UMO					USF				
								or No-	14. RACE — American Indian, Black, White, stc.						
B	3 Widowed 4 Dive	orced	IF YES, GIVE WAN	OR DATES		10	YES 2 X N	O Specif	y:		Specify: Black				
a	15. OEC	EDENT'S EOU	CATION	16a, DE	CEDENT'S US	UAL OCCU	PATION		16b. KINO OF BUS	SINESS/INDU	USTRY				
COMPLETED	Elementary/Secondary (I		College (1-4 or 5+)	life	ive kind of work Do NOT use n	k done durir etired.)	g most of wo	rking							
J P				Pr	ivate	Dt.	Nur	se	Medi	cal V	Velf	are			
Ö	17, FATHER'S NAME (First, M	fiddle, Last)					18, MG	THER'S NA	ME (First, Middle, Meiden	7,000,000					
BE	King Cus	aac					R	ebec	ca Perki	as					
10	19a. INFORMANT'S NAME (19	b. MAILING AD	ORESS (St			Route Number, City or Tow		Code)				
-	Carolyn B				140 A	llen	dale	St.	Balto.,	Md.	212	29			
	20e. METHOD OF DISPOSIT	TON	oval from State	20b. PLACE	AND DATE OF	DISPOSITIO	N (Name of		OATE 20c. LO	CATION - C	ON — City or Town, State				
	4 Donation 5 Other	(Specify)		Loud	on" Pa					altim	nore	re, Maryland			
	21, SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAN	E ANO ADDI	RESS OF FA	Derric	ck C.	Joi	nes F.H.			
	2000	C/2 (i kon	م		461	l Pa	rk H				o., Md.15			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duing such as cardiac or respiratory asset											Approximata				
shock, or heart fellure. List only one ceuse on each line.												interval Between Onset and Death			
disease or condition										1-7 DA					
1	resulting in death)		OUE TO (OF	AS A CONSE	OUENCE OF):							LVMYS			
z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION															
2	cause. Enter UNDERLY CAUSE (Disease or Inju		G	ABE											
#	that initiated events resulting in death) LAS		DUE TO (OF	AS A CONSE	QUENCE OF):										
5	Tooding in death, End		d												
	PART ii. Other aignifica	int condition	s contributing to de	ath but not i	resulting in 1	the under	lying cause	given in	Part I. 24s. WAS AN		24b. W	ERE AUTOPSY FINDINGS			
MEDICAL	MU	eti ple	bunga	eis	Derry	Liera	D VA	erul	PERFOR		C	WAILABLE PRIOR TO OMPLETION DF CAUSE			
입		done	77/23		1	11000	1000	1000	1 1 725 2	PNO	1	F DEATH?			
- 1							*		_		1 '	YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED	O MEDICAL				2	6. PLACE OF	DEATH (Ch	eck only one)						
38	EXAMINER?	my were	HOSPITAL:	VOutpetient 3		THER:			8 Other (Specify)						
¥∥	27. MANNER OF OEATH	DIME	28s. OATE OF INJ		28b. TIME C	F 260	INJURY AT	11000011100	28d. DESCRIBE HOW I	NJURY OCCI	UREO				
	Em .	Pending Investigation	(Month, Day,	(ear)	INJUR		WORK?	□ NO							
BY	2 Suistis	Could not be	28e. PLACE OF IN	JURY — At ho	ome, ferm, atre	et, factory,	office		26f. LOCATION (Street a	and Number o	or Rural Rou	ite Number,			
Ĕ	4 Homicide	datermined	building, atc.	. (Specify)					City or Town, State)			_			
COMPLETED	290. CERTIFIER	TIFYING PHYSI	CIAN: To the best of my	knowledge de	off conversed	et the time	data and als		to the ceuse(e) end mar						
Ř									time, date end place, en			nd menner se steted			
	29b. SIGNATURE AND TITLE														
B	STO	A/	W)					Z41		29d, DATE	SIGNED (A	fonti, Day, Year)			
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE (OF DEATH /ITE	M 27) /Time De	int	IV	11	, 0		1 1 /	72			
	Eliz	T50,		1)	J.	MD		CPITA	PM-	IMOR	T	I			
	31. DATE FILED (Month, Day,		32. REGISTRAR'S	SIGNATURE	4 01	עייו	Ho	MIN	The Island	Ilmok	E				
	NOV 1 2 10	111111	L'a Saindans	Bando	2							ł			
السب	BIVI 40 V	1 U L	For land feltight												



TO THE FRONTE CONTRIBUTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT ICATE	OF HE	ALTH /	AND ME H	NTAL HYGIEN REG. NO	E 92	-31689
1	1. DECEDENT'S NAME (First, Middle, Last) HARRY F. JACOI	HAR	RY FRAN	IK J.	ACOE	3		2	DATE OF DEATH	w 9 ³	3. TIME OF DEATH 4:45 D. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		F UNDER 2	4 HRS. 7	DATE OF BIRTH (Morth, Day, Year)	B.	BIRTHPLACE (State or Foreign Country)
	219-07-8509 9e. FACILITY NAME (If not institution, give:	12 M 2 F	75	YRS.				Je ii	5/30/17		ALTIMORE, MD.
E E	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH PORT HOWARD BALTIMORE										
5	RESIDENCE OF DECEDENT										ALLIPORE
DIRECTOR			TV	1				75.7			10d. INSIDE CITY LIMITS?
5.221.012 011								1)₹₹YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?			
								100	5.A.		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No								. RACE — American Indien, Black, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE Y				YES 2					Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		/G	ive kind of v	work done o	CCUPATION during most of	of working		16b, KIND OF BUS	HNESS/INDUS	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	Sides.	Do NOT us	e retired.)				np.m.	CIIM I	HALL TAIC
COM	17. FATHER'S NAME (First, Middle, Last)	ED 437				RIVE		R'S NAME	First, Middle, Maiden		HAULING
m o	FRANK JACOB	FRAN	K LOUIS	5 JA	COB				BURGESS	,	
TO BI	19a. INFORMANT'S NAME (Type/Print)								Number, City or Town		
90	JACOHELINE S.		20b. PLACE					AD,			MD 21090
100	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Rem 4 □ Donation 6 □ Other (Specify)	ioval from Stata	cemetery, cre METR	matory or of	har placal			IC			y or Town, State
	METRO CREMATROY. INC. 11-12 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE-CICENSEE CREMATION SOCIETY OF MARYLAND, INC.										
CYC	GEORGE E.				2.0	9 FR	EDE	RICE	C RD I	RALTO	MD 21228
23. PART I. Enter the diseases, pr complications that ceused the death. Do not enter the mod shock, pr heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):						me mous	or dynn	g, such a	s cardisc or respi	ratory arrest	t, Approximate Interval Between Onset and Death
CERTIFICATION	If amy, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CA. OF	LUNG (OR AS A CONSEC								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to	death but not n	enulting i	n the un				PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	□ noa □	OTHER	l:		TH (Check			
Ж	27. MANNER OF DEATH	28a. DATE OF (Month, D.	INJURY	28b. TIME	OF	28c. INJURY WORK	AT		Other (Specify) d. DESCRIBE HOW III	JURY OCCUR	ED
BY F	1 Natural 5 Pending 2 Accident Investigation				М	1 TYES		NO			
G	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At horate. (Specify)	ne, farm, s	treet, fecto	ory, office		28	1. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	ICIAN: To the best of	my knowledge, dec amination end/or in	ath occurre	d at the tie	me, data and pinion, deat!	place, a	nd due to t	he cause(a) and man	ner as stated, I due to the cr	euse(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TUPLE OF CERTIFIER	in a	no			29	c. LICENS	SE NUMBE		29d. DATE SI	GNED (Morith, Day, Yber) - 12 - 9 2
-	DR. LOPEZ, RAUL	M.D. 960	OO NORTH			DAD, I	ORT	HOWA	ARD, MARY	LAND	21052
	DR. LOPEZ, RAUL M.D. 9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052 31. DATE FILED (Month, Day, 1961) 32. REGISTRAR'S SIGNATURE NOV 1 3 1992 Substitute Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augustus Augus										

STATE REGISTRAR

	70
68760,	
BOX	Same ha
P.0	Section .
N OF VITAL RECORDS, P.O. BOX 68760	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
OF VITAL	DAGGGGGGGGGGGGGGGG
PINISION	S. St. St. St. St. St. St. St. St. St. S
g	١

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nov. 8, 1992 YEAR ertho 8:20 A 7. DATE OF BIRTH
(Month, Day, Year)
Dec. 26,1910 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 215-01-0585 1 🗌 M 2 💢 F YRS. Maryland use as the burlat-transit permit, Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland _ _ _ _ Baltimore t 🛛 YES 2 🗌 NO FUNERAL 10s. STREET AND NUMBER IN. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 121 S. Castle St. 21231 U. S. A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2/NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES, ANO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe è College (1-4 or 5+) Elementary/Secondary (0-12) NA detached NA Tailoring Tailoring Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme) Joseph Kalinowski Ħ page 5 should be Josephine Swakowski 3 H notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 Adele M. Holin (Sister) 10015 Van Winkle Lane, Baltimore, Md. 21220 9 20s. METHOD OF DISPOSITION
1 Surfal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State director, must Stanislaus Cemetery Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213 medical 23. PART 1. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximate** shock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** the attending physician and completely fille Mental Hygiene prior to burial, cremation, the disease or condition_ resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 10 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL has been signed by . Dept. of Health and amy I YES 2 NO OF DEATH? Shows 2 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem State certificate OTHER: I YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) this c 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, NJURY t Natural death 1 YES 2 NO BY 2 Accident DIRECTOR: Ather 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Suicide 6 Could not be COMPLETED hours after 28 4 Homicide TO THE FLAKERAL DIRECT De filed within 72 hours IMPORTANT: If Item 2 t CERTIFYING PHYSICAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMPLE. On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) 를보보 Mrs ulla 11/10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Luis Rivera, Bel Air Nursing Home, 6116 Belair Road, Baltimore, July Hardens Hardens

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTR	AR
,	1. D	ECEDENT'S	NAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	TIEGISTIAN				CAIL	OI.	DEA		MEG	NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT	KLEVIT							2. DATE OF DEA	TH MA	Y Y	YEAR 92	3. TIME OF DE	ATH PM
	4. SOCIAL SECURITY NUMBER 577-46-2449	5. SEX 6. /	VGE (In yrs. last I	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIFT (Month, Dily,)	Ή 397) 3 ,	1900	Countr	PLACE (State or y) SSIA	Foreign
OR	9a. FACILITY NAME (Il not institution, give s Hebrew Home of G		hinatov	n.	96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE			BC. COUNTY OF DEATH MONTGOMERY						
151	RESIDENCE OF DECEDENT								-					-
- DIRECTOR	Maryland Mont			TY, TOWN OR LOCATION ROCKVILLE					10d. INSIDE CI LIMITS? 1 XYES 2					
FUNERAL	6121 Montrose Roa		20852				U. S. A.							
B	11. MARITAL STATUS 1 Never Married 2 Married 1. Widowed 4 Divorced	ER IN U.S. ARMI YES 2 HO OR DATES		H	yes, spe		n, Mexica	IIC ORIGIN? (Spec n, Puerto Rican, e 7:		or No—	Speci	— American In c, Whita, etc. ly: LLC	dian,	
	15. DECEDENT'S EDUC		16a, DECI	EDENT'S	USUAL OC	CUPATIO	IN .	-	18b. KIND (NE BUIS	IMESS/IMP			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12 Years	He. E	Do NOT us	rork done di e retired.) -Rest			ng			hant				
00	17. FATHER'S NAME (First, Middle, Last)			_					ME (First, Middle, A	laiden :	Sumame)			
H	Louis Klivitzky							_	ipshutz					
2	1991. INFORMANT'S NAME (Type/Print) Thelma K. Rubinst	ein							Bethesd				20816	
	20e. METHOD OF DISPOSITION 11/1 Buriel 2 Cremation 3 Remote Donation 5 Other (Specify)		206. PLACE AN	holo d	m Tal	mua	l Tor	ah 1	1/11/92	Fa	cation —	Chwr	ch, Vi	rginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Competery, cramptory or other place) Onev Shoolom Talmud Torah 11/11/92 Falls Church, Vi 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Congregation 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, I 232 CARROLL STREET, N.W., WASHINGTON,							10						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or As A consequence of):						Approxi								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significent condition	e contributing to dear	th but not res	sulting i	n the und	erlying	ceuse	lven in	Part I. 24a W	SAN	ALITOPSY	245	WERE AUTOPSY	CIMPINGS
IEDICAL	CONGESTIVE HEAR RENAL INSUFFICI	I FAILURE							D.I	RFOR	/		AMAILABLE PRIO COMPLETION OF OF DEATH?	R TO CAUSE
ž									_				1 TYES 2	IMU
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ack only one)					
S	1 TYES 2 ANO	1 Inpetient 2 ER/	Outpatient 3	DOA	OTHER:	ng Home	5 🗆 Rs	sidence	8 Other (Specifi	1)				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Ye	RY ar)	26b. TIME INJ		8c. INJU WOI 1 Y	JRY AT RK? ES 2] NO	28d. DESCRIBE	IOW IN	JURY OCC	CURED		
0	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — Al home Specify)	e, ferm, s	treet, factor	y, office			281. LOCATION (S City or Town,	itroet al State)	nd Number	or Rural R	loute Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	CIAN: To the best of my li R: On the basis of sxamin											and manner as	stated,
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	larroug	MD				29c, LICE	391	66		29d. DATE	SIGNED	(Month, Day, Year - 97	r)
	30. NAME AND ADDRESS OF PERSON WHO	+DARANG	MO	61Z	Print)	TUC	Ros	se 1	2D RO	ck	MUZ	, M	D 2084	52
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	- Rande	150										

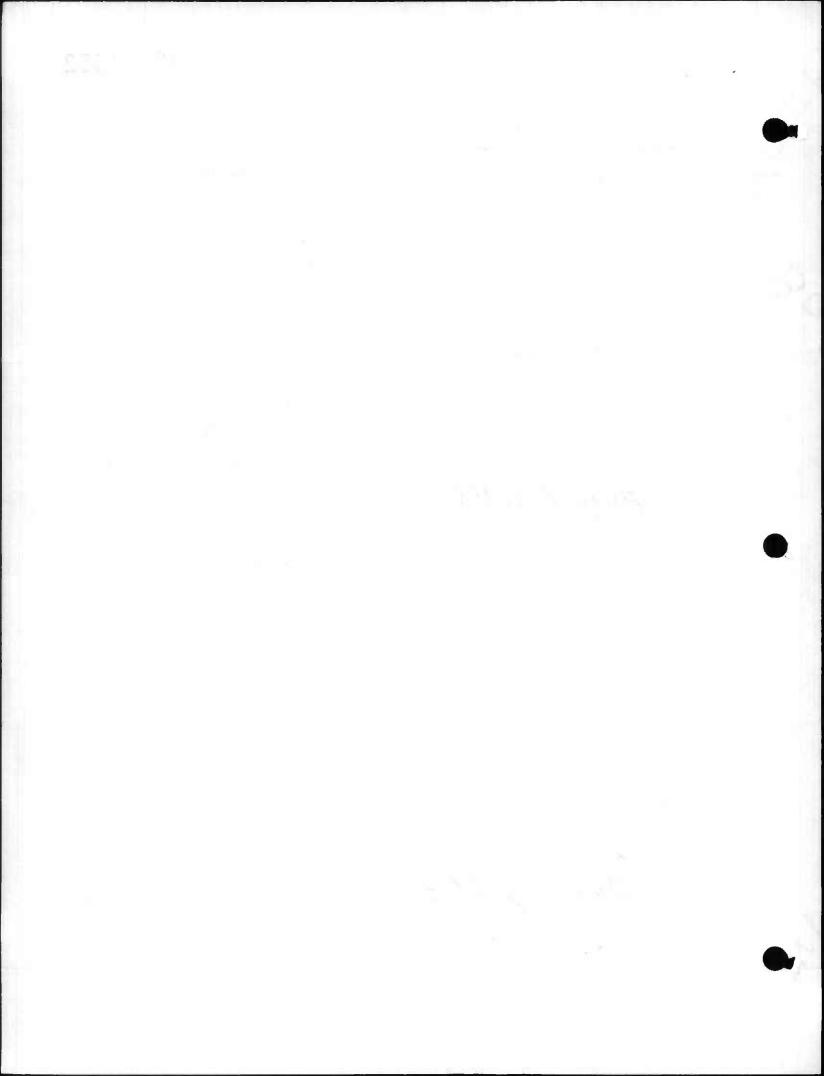
I COLUMN

to the parties of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

DIVISION OF VITAL RECORDS, P. C. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cell ficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending the sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene Finance burial, cremation, or removal.	d, or item 23 shows eny injury, or other traumatic event, the medicel examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.C.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygi	IMPORTANT: It item 28 is marked, or item 23 shows eny injury, or o

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	CATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF	DEATH			3. TIME OF DEATH
17	DEDA	П.	A 37 TP		TATALONA	7. 7. 7.	MONTH	O E		YEAR	
	REBA 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		KINSM.		11	05	199		12:10P)™
					MONTHS DAY		7. DATE OF (Month, L	Day, Year)		Country;	LACE (State or Foreign
1 1	236-56-0992	1 🗌 M 2 💢 F	62	YRS.			Feb	16,15	930	WV	
	9a. FACILITY NAME (If not institution,	give street and number)			96. CITY, TOW	N OR LOCATION OF E	EATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	MADVIAND DOLL	mp#125		1	SUA	NTON			CADE	חיתיכונ	1
I K	MARYLAND ROLL RESIDENCE OF DECEDEN	1 6.# 1 3 3			JWA	NION			GARF	(日1)	
Ĭ Ĭ	10a. STATE 10b. Co	DUNTY		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
1 % 1	WV	Mineral		K c	yser						LIMITS?
	10e, STREET AND NUMBER	HILICIAI		1.00		10f, ZIP CODE		—т			3
M		7 D									IAT COUNTRY?
y	Rt 2 Box 5	17-B				26726			U	. S	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	YES 2	RMED	13. WAS D	ECENDENT OF HISPA	WIC ORIGIN?	Specify Yes	or No 1	4. RACE	- American Indian, White, atc.
	1 Never Married 2 Married	IF YES, GIVE W		NO	1 🗆 Y	specify Cuban, Mexic ES 2 NO Spec	en, Puerto Ric //v:	an, etc.)		Specify	
B	3 Widowed 4 Divorced						•				ite
COMPLETED	15. DECEDENT	EDUCATION	16a. Di	ECEDENT'S	USUAL OCCUPA	TION	16b. K	IND OF BUSI	NESS/INDUS		200
<u> </u>	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5 -	in in	Sive kind of w n. Do NOT us	rork done during e retired.)	most of working					
141	10	Conlege (1-4 of 5 t		Iomen	naker			Own I	d o m o		
	17. FATHER'S NAME (First, Middle, La.			TOME	Taker	_					
8						18. MOTHER'S N					
H	Elmond	Salmons				Ora	W	ooda	11		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	et and Number or Rura	Route Number,	City or Town,	State, Zip C	ode)	
유	Charles M. R	linsman	F	Rt 2	Вох	57-B	Kevse	r. W	V 2	672	6
	20a. METHOD OF DISPOSITION		20h PLACE	ANDDATE	F DISPOSITION		DATE		ATION CH	T.	- Chat
	1 X Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	cemetery, cr	ematory or of	per place)	November 8	1002				
	21. SIGNATURE OF FUNERAL SERVI		ulega-F	upna (_		1 211	ort (_{sap}	, WV
	21. SIGNATURE OF PONERAL SERVI	0 -			1	AND ADDRESS OF F		17			
	Arran	or Smil	$\boldsymbol{\omega}$			ruck Fu					**** 0674
	22 BART I Enter the discourse		- 1		85	South M	ain S	tree	t Ke	yse	r, WV 2671
1 1	23. PART I. Enter the diseases shock, or heart fall	ure. List only one cau	ise on each line	eath. Do n a.	ot enter the r	node of dying, su	ch as cardla	c or respira	itory arres	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		2								Onset and Death
	disease or condition resulting in death)		Mus	150	0.	nizul	7.4				
	resulting in death)	DUE TO	(OR AS A CONSE	QUENCE OF	3	njurie	Z/	_			1
- 1		_		/		U					
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSE	OUENCE OF	١.						
F	If any, leading to immediate cause. Enter UNDERLYING	332.13	(OII NO A OONGE	doence or	,						
일	CAUSE (Disease or Injury	C	(OD 10 1 00)								
F	that initiated events resulting in death) LAST	DOE TO	(OR AS A CONSE	QUENCE OF):						
6	Tooding in destri) LAST	d									
	DADT II Other elevitions con	Mala a a a a de de cale a de cale								_	
EDICAL	PART II. Other significant cond	attional contributing to	death but not	resulting i	n tha Underly	ing cause given in	Part I. 24	Ia. WAS AN A PERFORM			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
일								YES 2			COMPLETION OF CAUSE
							'			1	OF DEATH?
Σ							— I				YES 2 NO
A P	25. WAS CASE REFERRED TO MEDIC										
걸	EXAMINER?	HOSPITAL:			OTHER.	PLACE OF DEATH (C					
S	XXYES 2 NO	1 Inpatient 2	ER/Outpetient 3	□ DOA	4 Nursing H	ome 5 🗆 Residence	XXOther (S	Specify) SC	ENE		
- No. 10	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIME	OF 28c. I	NJURY AT	28d. DESCR	IBE HOW IN.	JURY OCCU	RED T N	ID A CIT
È		(Month, Di		INJ	_ M 1 T	WORK? YES 2 T NO	PASSI	ENGER	IN	AUT	PACT OTT
Y PHYSICIAN:	1 Netural 5 Pending	Man 111 0F	(U U /	$\mathbf{n} \cdot \mathbf{\Delta}$			_				
B	2 Accident Investiga	28a PLACE O		ome form o	treat factors of	floo					
B	2 Accident Investigs 3 Suicide 8 Could re	26e. PLACE O	F INJURY — At he etc. (Specify)	ome, farm, s	lreet, factory, of	fice	28f. LOCATE City or	Town, State)	d Number or	Rural Ro	ute Number,
B	2 Accident Investiga	26e. PLACE O	F INJURY — At he	ome, farm, s	lreet, factory, of	fice			d Number or	Rural Ro	ure Number,
B	2 Accident Investige 3 Suicide 8 Could no 4 Homicide determin	t be 26e. PLACE O building,	F INJURY — At ho etc. (Specify)				City or	Town, State)			ure Number,
B	2 Accident 3 Suicide 8 Could in determin 4 Homicide 8 CERTIFFING	et ba 28e. PLACE O building,	F INJURY — At he etc. (Specify) my knowledge, de	eth occurre	d at the time, d	ste end place, and du	City or 1	(e) and mann	er ee stated		
	2 Accident 3 Suicide 8 Could red determin 29a. CERTIFIER (Check only one) 2 MEDICAL EX.	of ba ed 28e. PLACE O building, ed PHYSICIAN: To the best of outside the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis o	F INJURY — At he etc. (Specify) my knowledge, de	eth occurre	d at the time, d	ste end place, and du	City or 1	(e) and mann	er ee stated		
E COMPLETED BY	2 Accident 3 Suicide 8 Could in determin 4 Homicide 8 CERTIFFING	of ba ed 28e. PLACE O building, ed PHYSICIAN: To the best of outside the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis o	F INJURY — At he etc. (Specify) my knowledge, de	eth occurre	d at the time, d	ste end place, and du	City or	(e) and mann	er ee stated due to the o	cause(e)	
BE COMPLETED BY	2 Accident 3 Suicide SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCO	of ba ed 28e. PLACE O building, ed PHYSICIAN: To the best of outside the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of each of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis o	F INJURY — At he etc. (Specify) my knowledge, de	eth occurre	d at the time, d	ate end place, and du , death occured at the	a to the cause time, data an	(e) and mann	or ee stated due to the c	Cause(e)	and manner as stated. Month, Day, Year)
E COMPLETED BY	2 Accident 3 Suicide SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCOULD REPORT SCO	of ba 28e. PLACE O building, ed of on the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of en the basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of entre basis of e	FINJURY — At he etc. (Specify) my knowledge, de xaminetion and/or	eath occurre	d at the time, d	ate end place, and du	a to the cause time, data an	(e) and mann	or ee stated due to the c	Cause(e)	and manner as stated.
BE COMPLETED BY	2 Accident 3 Suicide 8 Could red 4 Hornicide 8 CERTIFYING (Check only 0ne) 2 MEDICAL EXU 29b. SIGNATURE AND TITUE OF CERTIFYING 30. NAME AND ADDRESS OF PERSO	PHYSICIAN: To the best of of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis	my knowledge, de xamination and/or	math occurre	d at the time, don, in my opinion Print)	ate end place, and du , death occured at th	a to the cause e time, data an	(e) and mann	er ee stated due to the e	Cause(e)	and manner as stated. Month, Day, Year)
BE COMPLETED BY	29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFYING 100. NAME AND ADDRESS OF PERSO	PHYSICIAN: To the best of of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis	my knowledge, de xamination and/or	math occurre	d at the time, don, in my opinion Print)	ate end place, and du , death occured at the	a to the cause e time, data an	(e) and mann	er ee stated due to the e	Cause(e)	and manner as stated. Month, Day, Year)
BE COMPLETED BY	2 Accident 3 Suicide 8 Could red 4 Hornicide 8 CERTIFYING (Check only 0ne) 2 MEDICAL EXU 29b. SIGNATURE AND TITUE OF CERTIFYING 30. NAME AND ADDRESS OF PERSO	PHYSICIAN: To the best of of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis	my knowledge, de xamination and/or	math occurre	d at the time, don, in my opinion Print)	ate end place, and du , death occured at th	a to the cause e time, data an	(e) and mann	er ee stated due to the e	Cause(e)	and manner as stated. Month, Day, Year)
BE COMPLETED BY	29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFYING 100. NAME AND ADDRESS OF PERSO	PHYSICIAN: To the best of of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of example of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis	FINJURY — At he etc. (Specify) my knowledge, do xamination and/or Church SE OF DEATH (ITE	math occurre	d at the time, don, in my opinion Print)	ate end place, and du , death occured at th	a to the cause e time, data an	(e) and mann	er ee stated due to the e	Cause(e)	and manner as stated. Month, Day, Year)



	8
	ē
	MICIAN. The law requires that the death certificate he executed within 24 hours
	7
-	7
	Æ
9	3
-	- 2
∞	- 5
9	- 5
	- 8
~	9
Э.	-
'n	- 8
_	3
<u>.</u>	9
	ĕ
٠.	- 5
-	ŧ
2	ě
n	
\Box	- 4
~	-
=	2
_	-
<u>'</u>	ě
ĭi	1
	8
_	-
1	2
=	-
4	ž
	-
OF VITAL RECORDS, P.O. BOX 68760,	ż
-	9
_	2
<u> </u>	3
_	7
7	7
=	- 5
9	â
-	7
"	Ħ
	育
DIVISION	di
2	6
	THE OR ATTENDING
	8

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 11/11/92 YEAR 3. TIME OF DEATH E. KLAPPROTH FREDERICK 19.25 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS ₩XM 2 D F 81 MARCH 18,1911 MARYLAND 217-07-7533 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 9c. COUNTY OF DEATH THE UNION MEMORIAL HOSPITAL DIRECTOR funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TYES XX NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4302 BARRINGTON ROAD U.S.A. 21229 the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES XXNQ IF YES, GIVE WAR OR DATES 1 Never Married XX Married 1 TYES XX NO 8 Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 QUALITY CONTROL TATE ACCESS FLOORS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) Page 6 may be retained by 76 BE ERNEST KLAPPROTH CHRISTINE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 DORIS R. KLAPPROTH (WIFE) 4302 BARRINGTON ROAD, BALTIMORE, MARYLAND 21229 Pe 20e. METHOD OF DISPOSITION
1XX Puriel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must DRUID RIDGE CEMETERY 11/14/92 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Mail LL in by the for removal. 1630 EDMONDSON AVENUE, CATONSVILLE, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Bety 6 Filled IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition Chronic Lymphatic Lenkemia & Thrombouy to penia Due to (OR AS A CONSEQUENCE OF): pletely resulting in death) traumatic event, COM and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING other ! CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the after injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and to AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any A. Fibrillation signed Health a 1 YES 2 NO Renal Failure. 1 | YES 2 | NO t. of PHYSICIAN: has by 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State Hem HOSPITAL:
1 (Langetient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO ing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked. 報報 1 Natural 5 Pending 1 YES 2 NO BY Ather death 2 Accident 28s. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) .69 6 Could not be determined ED MERAL DIRECTOR. Thin 72 hours after 4 Homicide ET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated, COMPL = TO THE PLOKERA
TO THE PLOKERA
De Shed within 72
IMPORTANT. II 2
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1/monough House staft PGY-1 11/11/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, Dr. N. VELMOUROUGANE Union Mem. Hospital

NOV 1 3 1992

32. REGISTRAR'S SIGNATURE

020	nheiriar
BALTIMORE, MARYLAND 21215-0020	24 hours efter death. Page 6 may be retained by the hounital or attending physician
$\overline{\Sigma}$	2
ND	hoenital
٩	4
Z	2
MAR	retained
. 6	2
Ä	may
0	8
Σ	Pane
ALT	death
0	efter
	hours
	24

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician. TO THE FUNRAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		3.	TIME OF DEATH	
	OIVA O. KOLSTRUM								MONTH DAY YE		YEAR	8:01 A		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le			st birthday)	y) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH 8. BII			8. BIRTHPL	ACE (State or Foreign					
	218-10-8720	1X M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da		ا ،	Country) PENNSY	ZLVANIA	
i	Sa. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	VA MEDICAL CENTER, FT. HOWARD				FORT HOWARD BALTIMORE					F				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			I										
	1112-11-11-11			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY					
	MARYTAND BAT 7	CIMORE		FOR	FORT HOWARD						YES 2 NO			
HA I	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	AVENUE				101		_				ZEN OF WHA	T COUNTRY?	
FUNERAL	7704 SHADY SIDE	12. WAS DECEDEN	T FWED WILLD A	21450	La		210				US			
로	1 Never Married 2 Merried	FORCES? 1	YES 2	NO		If yes, sp	ecify Cubi	ın, Mexica	IIC ORIGIN? (S n, Puerto Ricar	pecify Yes n, atc.)	or No-	Black, W	American Indian, hite, atc.	
B	3 Widowed 4 Divorced	WW I		1 ☐ YES 2 [XNO Specify: Specify: WHITE					TE.					
3	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, D6	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/INC		10	
4	Elementary/Secondary (0-12)	College (1-4 or 5) if	No NOT us	se retired.)	auring mo	st of works	ng						
2	8th Grade			WEL	DER				BET	HLEHE	EM ST	TEEL S	HIPYARD	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Meiden S	Surname)			
N L	JOHN KOLSTRUM							TLMA		mei				
2	190. INFORMANT'S NAME (Type/Print)	+ la cua	.19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number, C	City or Town	, State, Zip	Code)	01.000	
	Frances G. Kols	vrom		1104	Sna	aysi	ae A	ve.,	A SECTION				21052	
	20s METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE cemetary, gue	AND DATE O	OF DISPOS	ITION (No	me of	4.4	DATE	20c. LOC	CATION -	City or Town,	State	
	OAK LAWN CEMETERY 11-13-92 BALTIMORE, MARYLA						ARYLAND							
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENGER Y	// /			NAME A	ID ADDRE	SS OF FAC	CILITY					
	· ChorLM	1 to	0			700	7 WIT	OF A	INEKAL	HUME	Ut	VUNVA	LK, INC.	
	23. PART I. Enter the diseases, or o	complications the	t caused the de	eath. Do r	not anter	tha mo	da of dy	ing, suci	n aa cardiac	or reapir	ratory srr	est,	21222 Approximate	
	shock, or heert failure. List only one cause of each line. IMMEDIATE CAUSE (Fine) Onset and Death													
	disease or condition RESPIRATORY FAILURE													
	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequentially list conditions, b. PNEUMONTA								ļ					
	if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
3		· METASTA				2								
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):									
CENTIFICATION		d										-		
	PART ii. Other significent condition	s contributing to	death but not i	resulting i	in the un	derlying	ceuse (given in	Part i. 24e	. WAS AN	AUTOPSY	24b, WE	RE AUTOPSY FINDINGS	
	CORONARY ARTERY									PERFORI	MED?	? AVAILABLE PRIOR TO		
MEDICAL	STROKE								_ ''	YES 2	□ NO	DF	DF DEATH?	
	0.21101.02								-			1 TYES 2 NO		
1	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	ck only one)					
THI SIGIPLE.	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	₹:				ec/h/)				
4	27. MANNER OF DEATH	ER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ay, rear)	INJ	URY M		RK?	NO						
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	ome, farm, s	street, fact	ory, offic			261. LOCATIO	N (Street ar	et and Number or Rural Route Number,			
296. CERTIFIER (Check only one) 297. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end dua to the cause(e) and menner as stated. 298. CERTIFIER (Check only one) 299. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end dua to the cause(e) and menner as stated.														
	29e. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurre	d at the t	lme, deta	and place	and dun	to the cause/s	and mean		ad:		
													d manner as stated	
296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER							29d. DATE SIGNED (Month, Dey. Yeer) M D 15232							
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH ATE	M 27) /5	Delet1						F /*/	9 13	e34	
	DD DATE CODES N					2012	12703	מיז בתים	N 7 A T \ T \	MANOT	7T A 3.TT	0405	0	
		141, EGIST 14	OO NORT	л PU.	TIAT	KUAD	, FUI	KT H(JWAKD,	MAK	LANL	2105		
	NOV 1 3 1992	THE DUTIES	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s											
				_		-								
													DHMH, 16 Day 1	



to provide the same of the

	-
0	Date if ower he catelond he the honolog or attached and
N	i
2	1
7	-
S	- 3
2	4
=	3
N	-
	4
Ŧ	- 8
7	- 4
٦.	4
\overline{z}	i
-	3
4	3
ŝ	1
шĨ	4
œ	- 8
\overline{a}	ď
ĕ	9
LTIMORE, MARYLAND 21215-0020	å
	4

burial-transit permit. Pages 1, 2, 3 should

the

use as

Ď

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

the ho	detac		once
3	2		褔
TO THE HOSPITAL DR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
8	90		9
may	r, pa		To to
8	ecto.		Ē
Pag	10		HOL
death.	funera	_:	exam
after	y th	DOVA	Ea
2	F	ren r	Ped
8	pell	n,	E
In 2	aly f	atto	₩.
d with	pholet	I. Crem	event
ocute.	D	Duria	iic iic
9	an ai	9	Es
te b	Sicle	prior	2
tifica	8	ene	her
Ce	ding	HA	0.0
leath	atte	Ta Ta	7, 0
he d	the th	₩	흪
hat	D D	and	my.
Les 1	gne	ealth	100
inbe	en s	T to	how
J ME	50	P.	8
he	ha	0	E 2
N: I	heat	Stat	100
SICIA	Certi	the state	0
¥	this	With	ked
NG	fler	eath	E
ON	R. A	p Je	-00
E	6	s aft	28
8	OIR	Hour	Tem
TAL	RAL	2	=
OSP	UNE	ithin	ANT
포	业业	A pe	H
E	10	1 9 E	MP
-	-	-	_

2

92 31695 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Loundes/a.k.a. WILBERT E. LOUNDES 2. DATE OF DEATH 3. TIME OF DEATH Wilbert 17-10-92 11:25 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-32-5403 08-08 54 1 N M 2 | F Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Baltimore Stella Maris Hospice Towson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1342 Freemount Avenue 21217 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 YES NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Dept. of Sanitation 12th Sanitation Baltimore be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) William Loundes Molly Pindell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 342 Freemount Ave. Herbert Royster Balto. MD20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Metro Crematory, Inc. 11-11 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, 800% 2 George E. MacNabb 299 Frederick Rd., Balto., MD medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the Esophageal disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NHO OF DEATH? 1 TES 2 TO NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Residence 8 - Other (Specify) Hospice 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER (Check anly 1 🖔 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

11-10-92 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

2. REGISTBAR'S SIGNATURE

Carla S. Alexander, M.D. - Stella Maris Hospice-Dulaney Valley Rd.-Towson

D 27087

alas Clexanders

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOV 1 3 1992

\$

0
(0)
9
-
0
6876
~
BOX
9
00
_
<u>-</u>
0
-
α.
10
V)
\circ
~
ш
4
0
RECO
-
-
_
⋖
_
-
Ph.
-
0
7.
7
=
0
_
C
=-
>

LAND 4:4:3-0040	by the hospital or attending physician.	be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and Junea
THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitai or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NNT: If item 28 is marked or item 23 shows any injury or other fraumatic event the medical examiner must be notified at once
	OSPITAL OR ATTE	UNERAL DIRECTOR	LNT- If item 28

92 31696 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) Margaret G. Mucha 11 12 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthdey) F under 1 year F under 24 Hrs. 7. Date of Birth Advoid, Davy New) 1-4-43 90. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 6855 Queens Ferry Road RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. COUNTY 100. CITY, TOWN OR LOCATION Glendale	YEAR 3. TIME OF OEATH 2.		
Margaret G. Mucha 11 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) If UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 125-42-1183 1 M 2 1 HOURS AYS HOURS MIN. 1-4-43 90. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9s.			
215-42-1183 1 M 2 F 49 YRS. MONTHS DAYS HOURS MIN. 1-4-43 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH	92 1:00 M		
Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c	8. BIRTHPLACE (State or Foreign Country)		
	Maryland Maryland		
0835 Queens Ferry Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County	c. COUNTY OF DEATH		
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	Baltimore County		
	10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 100. ZIP CODE 100	1 TYES 2 NO		
101.24 0002	og. CITIZEN OF WHAT COUNTRY?		
6855 Queens Ferry Road 21239 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea of	United States No- 14, RACE - American Indian.		
IL 1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO Mexican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES 1 YES 2 NO Specify.	Black, White, atc.		
3 Wildowed 4 🖾 Divorced	White		
15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Customer Representative Thsu 15. DECEDENT'S EQUICATION (Give kind of work done during most of working life. Do NOT use retired.) The December Representative Thsu 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surre	SS/INDUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+) 3 Customer Representative Insu	rance		
Tr. FATHER'S NAME (First, Middle, Lest) 18, MOTHER'S NAME (First, Middle, Lest)			
	name (First, Middle, Meiden Surname) nna A. Heinstadt		
James G. Gienn 199. INFORMANT'S NAME (TyperPrint) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, St	tate, Zip Code)		
R. Matthew Mucha 1996. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S 6855 Queens Ferry Road Balti			
1 Burial 2 N Cremetion 3 Removal from State	ION — City or Town, State		
4 Donation 5 Other (Specify) Hilltop Service Corp. 11/12/92 Tows	on, Maryland		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY, Leonard J. Ruck, Inc.			
Mart Tourne 5305 Harford Rd. Baltim			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.	ory arrest, Approximate Interval Between		
HAMEDIATE CALIFE (Fig.)	Onset and Death		
disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):	3/24		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.			
Cause. Enter UNDERLYING C			
that Initiated events resulting in death) LAST			
d			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
1 YES 2	COMBLETION OF CAUSE		
	1 YES 2 10		
Σ			
W : W			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO			
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 288. DATE OF INJURY (Month, Day Mag) 286. DATE OF INJURY (Month, Day Mag) 286. TIME OF INJURY WORK? 286. OESCRIBE HOW INJURY WORK?	RY OCCURED		
2 Accident Investigation 29. PLACE OF IN HIDY At horse form that Action of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	RY OCCURED Number or Rural Route Number,		
2 Accident Investigation 29. PLACE OF IN HIDY At horse form that Action of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co			
2 Accident Investigation 29. PLACE OF IN HIDY At horse form that Action of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	Number or Rural Route Number,		
2 Accident Investigation 29. PLACE OF IN HIDY At horse form that Action of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	Number or Rural Route Number, es stated.		
2 Accident Investigation 26e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LOCATION (Street and investigation 2 Accident 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t.	Number or Rural Route Number, es stated.		
2 Accident Investigation 26e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LOCATION (Street and investigation 2 Accident 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t. LOCATION (Street and investigation 28t.	Number or Rural Route Number, es stated, ue to the cause(e) and manner as stated.		
2 Accident 2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LOCATION (Street and City or Town, State) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner (Check only one) 1 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and due to the cause(e) and due to th	Number or Rural Route Number, es stated, ue to the cause(e) and manner as stated.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital than the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Dent, of Health, and Mental Hodging price to build, companied or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the	e de	t 0
<u>a</u>	q pi	- P
rtaine	shou	tiffe
90	5	9 110
nay	pac	i b
9	ector	E
Page	II Office	184
ath.	Juer	am.
er de	the fa	NO I
s aft	A	dica
non	II pa	E
24	y fill	the
Althi	pletel	emt,
nted	com	9
Doec	and	nati
9	cian lor fr	ne.
cate	physi a pr	1 10
Sertif	ling I	등
ath (ttend H H	0
e de	he a	Ę
at th	Day t	y in
as th	atth	B 2n
quire	n sig	WO
W re	pee o	3 8
he la	has De	T 2
N: T	State	=
SICIA	the	, 0
PHY	this	rked
NG	After	E
ENO	DR: /	- 50
A.	SECTION AND AND AND AND AND AND AND AND AND AN	E 2
L OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the flud within 70 pages after death with the State Deat of Health and Mental Hydione prior to burial creatation for removal	2
PITA	ERAI	=
HOS	F. F.	MA
포	WE	, Œ I
-	王皇	21

		FOR	CTATE OF BEADVI AND	D / DEDARTS	AFNY OF III	F41711 441D 441D		-	31697
		1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFIC			MENTAL HYGIEN REG. NO	_	
		1. DECEDENT'S NAME (Figst, Middle, Last) Frankie Lamar M	loore A/K/A	Frankie	Lamar		2. DATE OF DEATH	AY 92	
		217-01-0211	□ M 2 X F 68		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 17 -	24	HRTHPLACE (State or Foreign Juntry) Virginia
THE THE	TOR	. 10.14.11 [1001.11	and number) AL	96	BAL	TIMOR	ATH E	9c. COUNTY	OF DEATH
	DIRECTOR	10a. STATE 10b. COUNTY			BALT	MORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
-	FUNERAL	100. STREET AND NUMBER 9/5 E. BALTI	IMORE STR	CET	101.	2120	2	10g. CITIZEN	OF WHAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED ANNO	if yes, spe		IC ORIGIN? (Specify Ye i, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
	LETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						SINESS/INDUST	
99	COMPL	9 17. FATHER'S NAME (First, Middle, Last)		Homemal	ker			_	
E I		Alfred T. Peterso	on				(First, Middle, Maiden Tankersl		
fled	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an		oute Number, City or Tox		9)
not	2	Deberaha D. Yentze	er				ey, New Y		874
must be		20a. METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Othey (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) Cedar Hill Cemetery 20c. LOCATION — City or Town, State Brooklyn Park, Md.							
examiner must be notified at once.		21. SIGNATURE OF NIMERAL SERVICE LICENS	. Koufn	ren	Gary		an Funera , Elkridg		
nedica		23. PART I. Enter the diseases, or com shock, or haert fallure. List	plicatione that caused the only one ceuse on each	a daath. Do not lina.	anter the mod	de of dyling, such	aa cardlec or resp	iratory arreet,	Approximeta Interval Between
ıt, the n		iMMEDIATE CAUSE (Final disease or condition resulting in death)		BCUL	4R	SHOCI	K.		Onset and Death
other traumatic event, the medical	NO	Sequentially list conditione,		intestinal Bleeding A consequence of:					Days
ner traum	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): YEAR DUE TO (OR AS A CONSEQUENCE OF):						years	
6	CERTI	resulting in death) LAST	DIABETE	ES					years
shows any injury,	: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. NEPHROTIC SYNDROME, SEPSIS RESPIRATORY FAILURE 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 INO 1 YES 2 INO 1 YES 2 INO						24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO NO NO NO NO NO NO						ck only one)			
ile.	SIC	EXAMINER?	OSPITAL: Inpatient 2 - ER/Outpaties		THER:	5 - Residence			
marked, or	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	NER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY WORK M 1 7 YES				JURY AT 28d. DESCRIBE HOW INJURY OCCURED		
28 is		2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					28f. LOCATION (Street City or Town, State		urel Route Number,
IMPORTANT: If Item	COMPLET		N: To the best of my knowledge						use(a) and manner as stated.
IMPORTA	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	y M.J.			D 176		29d. DATE SIG	NED (Month, Day, Year) - 9 - 92
	- 1	30, NAME AND ADDRESS OF PERSON WHO CO							

MPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

M.D. — CHURCH HOSP.

32. REGISTRAR'S SIGNATURE ABDALLAH J. HELOU, M.D.

31. DATE FILEO (Month, Day, Year)

32. REGIS

1992

DHMH-16 Rev 1/89

BACTO., MD 21231

100 N. BROADWAY,

. .

- ---

e hos	letach		mce.
to A	90		at
P	pin		pe
etalu	Sho		otiff
9	De 5		
nay	pa		T P
9	octo		200
Page	din		10
THE PROPERTY OF A PRINCIPLY FIRST THE TAW TO SET THE THE DESTRUCT OF THE PROPERTY AND THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE FOR THE PAGE F	D THE FIRM PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		MEDRTANE It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
affer	y The	nova	cai
Urs Urs	9	r ren	9
5	Pall	0,0	E 1
in 2	ely fi	natio	=
E S	plet	crem	/ent
200	60	rial.	0
exec	and	ng o	mati
8	iclan	100	IN IN
cate	phys	le pr	-
Series	Bui	ygier	등
att (Trend	H E	. 0
90 9	he a	Mem	F
at th	3	and	y in
S	Deu	th	8
2019	1 Sig	He	SM0
9 >	bee	t. of	2
SS 03	has	8	1 23
=	cate	state	Ten
CIAN	artifi	the S	10
2	is c	=	99
5	tt te	th v	Jark
	: Aft	des	is n
ILE	HOT.	afte	28
S Y)IREC	OUIS	E
d	AC	三人	1
à.	Ē	*	2
Œ.	He	5	MA
Ē	E	all a	8
-	·	-32	700

permit. Pages 1, 2, 3 should

for use as the burial-transit

pital or attending physician.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO Salvatore Manti Manti 2. DATE OF DEATH 6:38 P. 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. A RIETHPI ACE (SE 213-01-11 1 M 2 | F YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice DIRECTOR Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Baltimore Maryland 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9510 Holiday Manor Road 21236 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Marri If yes, specify Cuban, Mexican, Pr Specify: White IF YES, GIVE WAR OR DATES 1 TES 2 T NO BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Machinist Clark 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nicola Manti Angelina Cimiagila BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lee Fangman 9510 Holiday Manor Road Baltimore, MD. 21236 20a. METHOD OF DISPOSITION
PL Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Cemetery 11/13/92 Oaklawn Baltimore, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 7110 Belair Road Baltimore, MD. 21206 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 🕅 Other (Specify) Hospice 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 192 era D 27087 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla S. Alexander, M.D. - Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

12. MEGISTHAN'S SIGNATURE

NOV 1 3 1992

engli Phil

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Days of Health and Mental Houlane prior to burial, remarked no removal.	e medicel examiner must be notified at once.
THE HIGHTAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 22	THE TWIERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur-	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						9	2 3 1 6 9 9		
	1 - STATE OF M. STATE OF M.	ARYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Migdale, Last) Rosali	e A. McClena	aghan	/	2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	11 9	BIRTHPLACE (State or Foreign		
	215 28 7435 1 M 2 F Sa. FACILITY NAME (If not institution, give street and number)	88 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1-04	Country) Maryland Y OF DEATH		
TOR	Howard County General F	Hospital	Columb		AIR		ard County		
IREC	100. STATE 10b. COUNTY Maryland Howard Count	1111	Y, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	27 23		f. ZIP CODE		10g, CITIZE	1 ☐ YES 2 🔀 NO		
ER/	3011 Oak Green Court Ag	ot. C		21043		-	S.A.		
2	FORGER . (EVER IN U.S. ARMED YES 2 XNO	13. WAS DE	ENDENT OF HISPANI ecify Cuban, Mexican	IC ORIGIN? (Specify)	es or No— 1	4. RACE — American Indian, Black, White, etc.		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced FORCES? 1 IF YES, GIVE WA			2 ND Specify:			Specify: White		
ETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of t	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF B	USINESS/INDU	STRY		
MPL	8th Grade	Beauti	.cian			Dressi	ng		
		liams		Mar	4 5	er			
5	19a. INFORMANT'S NAME (Type/Print) Owen Silk Jr.	3043 I	B Oak Gr	een Circl	loute Number, City or To Le Elli	own, State, Zip C COTT Ci	ity, Md. 21043		
	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE (cemetery, crematory or o New Cathe			111/1		e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7.1011 GG 51.10	22. NAME A	ND ADDRESS OF FAC	CILITY				
_	Donna M Zvan	irowski	4001	Ritchie H	ce Funera Hwy. Bal	timore,	Md. 21225		
	23. PART I. Enter the diseases, or complications that shock, or heart failure. Lift only one ceus IMMEDIATE CAUSE (Final disease or condition resulting in death)	e on each line.	mon	ode of dying, such	n as cardiac or res	piratory arres	Approximate interval Between Onset and Death		
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury).								
ERTIF	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF	r):						
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO	PART II. Other significent conditions contributing to conditions	leath but not resulting	in the underlying	g ceuse given in i		AN AUTOPSY ORMED? 2 D NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	7		LACE OF DEATH (Che	ck only one)				
IXSI	1 U YES 2 NO 1 Inpettent 2 U	ER/Outpatient 3 DOA		ne 5 🗆 Residence					
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOV	INJURY OCCU	RED		
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	2 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and menner as stated.								
H	296. SIGNATURE AND TITLE OF CERTIFIER	mh		29c. LICENSE NUM	BER 144	29d. DATE S	SIGNED (Month, Day, Year)		
¥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)	11.4	cition	La .			
	NOV 1 3 1992	Destanting (1)	1 6/	COFF	- i yes	7			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be med within 72 nouts are oean with the State Dept, or result and wental invitere prior to burial, cremation, or removal. IMPORTANT: It them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be trotified at once.
E ×	9	-
P	bid	9
aine	Por	
E	10	2
ag /	age	9
maj	of b	T
6 6	ect	Ē
Pag	6	je
€	Dera	Ē
dea	2	, ex
after	=	29
55	4	9
70	8	E
24	N F	the
thin	ere	mt,
3	B.	2 5
cute	P .	Ile all
8	8	E
be	iciar	20 0
cate	Style !	0 0
ertif	D.	000
5	pug	6
deal	att	- E
the	the state	글
hat	5	N A
as 1	Die	60
quir	Si	W 7
9	pee.	
13	38	3 8
H.	cate	be ned wron 72 hours are odain who he state belot, or reaint and wertal nygene prof to ourla, cremation, or removal. IMPORTANT: It tem 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical ex
CIA	artin.	6
3	S C	9
효	5	3 2
SIN	Afte	E
EN	OR.	9
A	5	2 2
9	B	9
M	東日	2 =
SP	INE	N N
H	王.	M
王	王	2
2	2	g ₹

Deborah Roberts, 31. DATE FICED (Month, Day, Year) NOV 1 3 1992

M.D.,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAF ERTIF					MENTA	IL HYGIEN REG. NO.	E	32	31700
	1. DECEDENT'S NAME (First, Middle, Last)						02/11		2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
-1		Americo	Α.		ROWSI	ΚI				mber 8	, 199		3:14 рм
TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. le		IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE (Mor	E OF BIRTH ith, Day, Year)		8. BIRTHP Country	LACE (State or Foreign
	032-30-5686	1√M 2 □ F	51	YRS.					y 13,19	941	Mass	achusetts	
YSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN C	R LOCATIO	ON OF DE	EATH		9c. COUR	NTY OF DE	ATH
ᅙ	Franklin Square	<u>Hospital</u>			В	alti	lmore	2			Bal	ltimo	re County
<u>ũ</u>	10s. STATE 10b. COUNTY		-	10c. CIT	Y, TOWN C	OR LOCAT	ION					T	10d. INSIDE CITY
ᡖ	Maryland Bal	timore			Ba1	timo	re						LIMITS?
A	10a, STREET AND NUMBER						ZIP COOL	E			10g. CITI		HAT COUNTRY?
띪	4206 Penn Ave	nue			21236					U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDEN		ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (So							- American Indian, White, etc.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES									Specify			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		ECEDENT'S Give kind of				ıa	16	b. KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.) Laser Technician				T					
ğ		N/A		aser							pany		
	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME (First, Middle, Maiden Surname) Marsy Valont in a								
	Sigmund Ostrowski				Mary Valentino 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)								
ᄋ	JoAnne M. Ostrowski (wife)				4206 Penn Avenue, Baltimore, MD 21236								
	20a. METHOD OF DISPOSITION 20b. PLACE AND O							, 20	OA.			City or Tow	m. State
	4 Donation 5 Other (Specify)	rval from State	Dula:	ney V	alle	v Me	m.Ga	rden	s11	/11 Tim	oniu	m Ms	ryland
1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	00		22.	NAME AN	O ADDRES	SS OF FA	CILITY				rryrand
	Derbert Al	INAC	l II			ch111 705	unek Bela	ir R	leral load	l Homes Balti	, In	C.	21236
	23. PART I. Enter the diseases or complications that cadsed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	IMMEDIATE CAUSE (Final	let only one cau	e on each lin	0.									Interval Between Onset and Death
	disease or condition resulting in death)	Acute	e Myocai	dial	Infa	arct	ion						
	S.— S. S. S. S. M.	DUE TO	(OR AS A CONSE	QUENCE O	OF):								
8 I	Sequentially list conditions,	Conge	estive H	leart	Fai	Lure							
Ě	If any, leeding to immediate cause. Enter UNDERLYING						Dwn	in D	on th				
	CAUSE (Disease or Injury that initiated events		(OR AS A CONSE	ephalopathy - Brain Death					T				
	resulting in death) LAST			evenue ory:									
													1
<u> </u>	PART II. Other aignificant conditions				in the un	deriying	cause g	given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	<u>Insulin Depender</u>	it Diaber	ces Mell	Litus					_	1 YES 2	₩ но		COMPLETION OF CAUSE OF DEATH?
ž													1 YES 2 NO
Ϋ́	25. WAS CASE REFERRED TO MEDICAL									<u> </u>			
ত 당	EXAMINER?	HOSPITAL:] 500		OTHER	₹:	ACE OF D						
≝ ∥	27. MANNER OF DEATH	28a. DATE OF		28b. TIN	- Y	28c. INJ		sidence		er (Specify)	LIURY OCC	TIPED	
	1 Natural 5 Pending	(Month, E	ay, Ybar)		IURY M	WO	RK? 'ES 2	NO	200.00		100111 000	ONED	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At h	ome, farm,	street, fact	ory, office			28f. LO	CATION (Street a	nd Number	or Rural Ro	ute Number,
	4 Homicide determined	Dollowing,	atc. (Specify)						City	or Town, State)			
	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, d	eath occurr	ed at the ti	me, date	and place,	and due	to the ca	euse(a) and man	ner as state	ed.	
S O O	one) 2 MEDICAL EXAMINER												and manner as stated.
O I	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	IBER		29d. DATE	E SIGNED (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE	Deborah R	shell	· MA					N/A			▶ j	1-8	92
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF OEATH (ITE	EM 27) (Type	Print)						•		

9000 Franklin Square Drive, Baltimore, Maryland 21237

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.
E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of within 72 hours after death with the State Dent, of Health and Mental Hotelee prior to burial cremation or nemonal	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he bent of Health and Mental Hickens prior to burial cremation or removal

TO BE COMPLETED BY FUNERAL DIRECTOR	SOCIAL SECURITY NUMBER 578-09-658/ IN FACILITY NAME (If not institution, given the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	nty ntgomery 12. WAS DECEDENT FORCES 1 [IF YES, GIVE WANDUCATION	103 EVER IN U YES R OR DATE	Sil	9b. CIT Sill Y, TOWN Ver 13.	Sp 1 WAS DECEMPATING THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	L zip code 20910 EMPETOR HISP BOTH Specify Cuben, Mexical 2 (2 NO Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific	7. DANIC OR Can, Pue		9c. COUNT MONT	I BIRTHPLACE (State or For Country) Washingto Y OF DEATH GOME! Y 10d. INSIDE CITY LIMITS? 1 YES 2 CX N OF WHAT COUNTRY? 6. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY FUNERAL DIRECTOR	A PACILITY NAME (If not institution, give the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	1 M 2 F The street and number) THY THY THY THY THY THY THY TH	103 EVER IN U YES R OR DATE	S. ARMED 2 NO IS	9b. CIT Sill Y, TOWN Ver 13.	DAYS OR LOCATE Sp 1 100 WAS DEC H yes, ap 1 YES	HOURS MHIL OR LOCATION OF OVING FION Cing I. ZIP CODE 20910 ENDENT OF HISP octify Cuban, Maxi 2 (XNO Spe	DEATH ANIC OR can, Pue	of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	9e. COUNT MONT 10g. CITIZE USA or No- 14	Washingto Y OF DEATH GOME! Y 10d. INSIDE CITY LIMITS? 1 YES 2 X N OF WHAT COUNTRY? 4. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY FUNERAL DIRECTOR	A. FACILITY NAME (If not institution, given to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be compared to be c	estreet and number) Octob NTY Atgomery Road 12. WAS DECEDENT FORCES 7 1 IF YES, GIVE WAI	EVER IN U. YES	S ARMED S 1 1 S 1 1 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0 S 1 0	y, town ver 13. Usual (work donese refined.)	OR LOCAT	TION Ting I. ZIP CODE 20910 ENDENT OF HISP COUNTY CUBEN, Maximal County Cuben, Maximal County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County County C	DEATH ANIC OR can, Pue	siGIN? (Specify Yes	9e. COUNT MONT 10g. CITIZE USA or No—	10d. INSIDE CITY LIMITS? 1 YES 2 TX IN OF WHAT COUNTRY? 6. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY FUNERAL DIRECT	MARYLAND NUMBER 9317 Harvey F 1. Marital status Nover Merried 2 Merried Widowed 4 Divorced (Specify only highest grave) Elementary/Secondary (0-12) 8 7. FATHER'S NAME (First, Middle, Last) July Peck 1. Informant's NAME (Typer/Print) Alvin Peck 1. MARITAL STATUS (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave) (Specify only highest grave)	nty ntgomery Road 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	P OR DATE	Sil S. ARMED 2 NO S Ba. DECEDENT'S (Give kind of life. Do NOT u	Y, TOWN V e Y 13. USUAL (work done se retired.)	OR LOCAT	TION Ting I. ZIP CODE 20910 ENDENT OF HISP oofly Cuban, Maxi 2 XNO Spo	can, Pue	rto Rican, etc.)	10g. CITIZE USA or No-	10d. INSIDE CITY LIMITS? 1 VES 2 X IN OF WHAT COUNTRY? 4. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY FUNERAL DIR	Maryland Mor Maryland Mor Oc. STREET AND NUMBER 9317 Harvey F 1. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced (Specify only highest pri Elementary/Secondary (0-12) Julius Peck De. INFORMANT'S NAME (First, Middle, Last) Alvin Peck Oc. METHOD OF DISPOSITION	Road 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	P OR DATE	Sil S. ARMED 2 NO S Ba. DECEDENT'S (Give kind of life. Do NOT u	Y, TOWN V e Y 13. USUAL (work done se retired.)	OR LOCAT	TION Ting I. ZIP CODE 20910 ENDENT OF HISP oofly Cuban, Maxi 2 XNO Spo	can, Pue	rto Rican, etc.)	USA	10d. INSIDE CITY LIMITS? 1 YES 2 X N OF WHAT COUNTRY? 4. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY FUNERAL DIR	Oe. STREET AND NUMBER 9317 Harvey E 1. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced 15. DECEDENT'S E (Specify only highest pro Elementary/Secondary (0-12) Julius Peck De. INFORMANT'S NAME (Type/Print) Alvin Peck Oe. METHOD OF DISPOSITION	ROad 12. WAS DECEDENT FORCES? 1 FYES, GIVE WAI DUCATION add completed)	P OR DATE	Sil S. ARMED 2 NO S Ba. DECEDENT'S (Give kind of life. Do NOT u	Ver	Spin	L zip code 20910 EMPETOR HISP BOTH Specify Cuben, Mexical 2 (2 NO Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific	can, Pue	rto Rican, etc.)	USA or No-	LIMITS? 1 YES 2 X N OF WHAT COUNTRY? 6. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY	9317 Harvey F I. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced (Specify only highest pre Elementary/Secondary (6-12) 8 7. FATHER'S NAME (First, Middle, Last) Julius Peck De. INFORMANT'S NAME (Type/Print) Alvin Peck De. METHOD OF DISPOSITION	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI DUCATION acide completed)	P OR DATE	2 NO Sa. DECEDENT'S (Give kind of life. Do NOT u	USUAL (work done se retired.)	WAS DEC If yes, sp 1 YES	20910 CENDENT OF HISP ecity Cuben, Mexi 2 XNO Specific	can, Pue	rto Rican, etc.)	USA or No-	N OF WHAT COUNTRY? 4. RACE — American India Black, White, etc. Specify: White
TO BE COMPLETED BY	I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced Specify only highest gr Elementary/Secondary (0-12) 8 7. FATHER'S NAME (First, Middle, Last) Julius Peck De. INFORMANT'S NAME (Type/Print) Alvin Peck De. METHOD OF DISPOSITION	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI DUCATION acide completed)	P OR DATE	2 NO Sa. DECEDENT'S (Give kind of life. Do NOT u	USUAL (work done se retired.)	If yes, sp	CENDENT OF HISP ecity Cuben, Mexi 2 XNO Spe	can, Pue	rto Rican, etc.)	or No- 14	Specify: White
TO BE COMPLETED BY	Never Merried 2 Merried Midowed 4 Divorced 15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12) 8 7. FATHER'S NAME (First, Middle, Last) Julius Peck De. INFORMANT'S NAME (Type/Print) Alvin Peck De. METHOD OF DISPOSITION	FORCES? 1 FYES, GIVE WAI	P OR DATE	2 NO Sa. DECEDENT'S (Give kind of life. Do NOT u	USUAL (work done se retired.)	If yes, sp	ecify Cuben, Mexico Spe	can, Pue	rto Rican, etc.)		Specify: White
TO BE COMPLETED	15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12) 8 7. FATHER'S NAME (First, Middle, Last) Julius Peck De. INFORMANT'S NAME (Type/Print) Alvin Peck De. METHOD OF DISPOSITION	DUCATION ade completed)	10	Se. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	OCCUPATIO	ON .	clfy:	401 WP 5 5 5 5		White
TO BE COMPLETE	(Specify only highest or Elementary/Secondary (0-12) 8 7. FATHER'S NAME (First, Middle, Last) Julius Peck De. INFORMANT'S NAME (Type/Print) Alvin Peck De. METHOD OF DISPOSITION	ade completed)		(Give kind of life. Do NOT u	work done se retired.)	during mo			401 MATE C	m.coo	ETRY
TO BE COMPL	8 7. FATHER'S NAME (First, Middle, Last) Julius Peck 10. INFORMANT'S NAME (Type/Print) Alvin Peck 10. METHOD OF DISPOSITION	College (1-4 or 5+)					JPATION 16b. KIND OF ng most of working			MRESS/INDUS	
19 OL 20 1 4	Julius Peck M. INFORMANT'S NAME (Type/Print) Alvin Peck M. METHOD OF DISPOSITION					CATTE	r		Washin	atan	Doot
19 D 20	Alvin Peck Me. INFORMANT'S NAME (Type/Print) Alvin Peck Me. METHOD OF DISPOSITION				,			IAME (FI	rst, Middle, Maiden		Post
Q 20	Alvin Peck		_				Malka	Bak	er		
20 1 4	0a. METHOD OF DISPOSITION								Number, City or Town		
4			20h BI	ACE AND DATE					Washi		n , DC 200 by or Town, State
	☐ Buriel 2 ☐ Cremation 3 ☐ Ri	emoval from State	cemete	ry, crematory or o	ther piece)					ton, DC
2.0	1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 44	CDVCC	22	NAME A	ND ADDRESS OF	FACILITY			
	Alluedau	factor			I v	es-	Pearso	n F	uneral VA 22	Home 046	es
IFICATION	disease or condition resulting in death) A Consequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
ICAL CE							AUTOPSY MED?	24b. WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF C			
AN: MED	S. WAS CASE REFERRED TO MEDICAL								1 TYES 2	36.	OF DEATH?
SICI	EXAMINER?	HOSPITAL:	ER/Outnatia	ent 3 🗀 DOA	OTHE	R:	ACE OF DEATH (, ,		
AHd √27	7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	28a, DATE OF INJURY (Month, Day, Year)			4 Nursing Home 5 Residence TIME OF Sec. INJURY AT WORK? 1 YES 2 NO			6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED		
ETED	3 Suicide 8 Could not be determined	Deriving, et	tc. (Specify)					1	City or Town, State)		Rural Route Number,
COMP	One) 2 MEDICAL EXAMI		mination er	nd/or investigation	on, in my	opinion, d	leath occured at the	ne time, c	date and place, and	d due to the o	cause(e) and manner ee st
88	D. NAME AND ADDRESS OF PERSON V	MO COMPLETED CAUSE	OF DEATH	(ITEM 27) (5-ma	Prints		29c. LIGENSE N	42	45.	29d. DATE S	SIGNEO (Moreth, Day, Year)

	4
	1
	77
9	
4	-
3	
-	-
~	
8	- 4
\approx	4
-	4
o.	1
9	
0	3
-	4
ഗ	1
	-
Œ	1
0	
C	
ш	п
Œ	
_	-
4	,
F	
=	
	i
L	1
0	1
-	-
5	-
$\overline{2}$	1
S	1
7	1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
	1

s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	se medical examiner must be notified at once.
an signed by the attending physician and completely	of Health and Mental Hygiene prior to burial, cremati	hows any injury, or other traumatic event, th
cate has been signed by the attending physician and completely	State Dept. of Health and Mental Hygiene prior to burial, cremati	item 23 shows any injury, or other traumatic event, th
	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ifter death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	18 is marked, or item 23 shows any injury, or other traumatic event, the
	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	Item 28 is marked, or item 23 shows any injury, or other traumatic event, th
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	HEGISTRAR		CERTI	FICATE	OF DEAL	п	REG. N	10.			
1	1. OECEDENT'S NAME (First Middle, Last) IVAN		arks				2. DATE OF DEATH	Id 9	3. TIME OF OEATH Z035 M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthde	,		R F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or					
	229-24-6904							27	Virginia		
OR	98. FACILITY NAME (If not institution, give 8231 Bullneck R	9b. CITY, 1	CITY, TOWN OR LOCATION OF DEATH Dundalk				9c. COUNTY OF DEATH Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Baltim		TY, TOWN OR					10d. INSIDE CITY		
E I	Maryland		Dundalk				1 WES 2XX NO				
FUNERAL	8231 Bullneck		10f. ZIP CODE	2		10g. CITIZEN OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	lf.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 XNO Specify: White						
COMPLETED	15, OECEOENT'S EO (Specify only highest grad	UCATION le completed)	18a. DECEDENT	of work done du	CUPATION uring most of working	7	16b. KINO OF	BUSINESS/INDUS	TRY		
	Elementary/Secondary (0-12) 8th Grade	.use retired.)	NCE Engineer Embassy Dairy								
∑	17. FATHER'S NAME (First, Middle, Last)		144.67141	LIVIGOL				-			
BEC	Jerome Parks	Me	dia	ME (First, Middle, Maio Testerm	an						
0	19a. INFORMANT'S NAME (Type/Print)						loute Number, City or				
	Larry I. Parks 107 Compass Road Baltimore, Maryland 21220 209. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of compass), crematory or 20c. LOCATION — City or Town, Status										
	10 Buriel 2 Cremetion 3 Removal from State Oak Lawn Cemetery 11-14-92 Baltimore, Maryland										
	21. SIGNATURE DV JUNERAL SERVICE L	ICENSEE FIL	1/	22. N	ame and address uda-Ruck	S OF FAC	neral Hom	e of Du	ndalk, Inc.		
	7922 Wise Ave. Dundalk, Maryland 21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due TO (OR AS A COUSEQUENCE OF):										
NOI	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
EDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.							AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?		
Σ	1 YES 2 NO DF DEATH? 1 YES 2								1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DE	ATM (Cha	not only one)				
	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DO/	OTHER 4 Numi	1/		8 Other (Specify)	-			
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF IN (Month, Day,	JURY 28b.		28c. INJURY AT WORK?		28d. OESCRIBE HO	W INJURY OCCUP	RED		
B	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO						Part I CONTION (O	and and Montage an	Don't Don't Market		
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	(Critical Crity	SICIAN: To the best of my							ause(a) and menner as stated.		
E C	296. SIGNATURE AND TITLE OF CERTIFI				29c. LICE				IGNED (Month, Day, Year)		
∞	J.C. 0 200000	m, M.	٥.		20	76	32	▶ l	1-10-92		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE			DALK	A	VE.; B.	HLTU.	MD. 21222		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								



-

The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa

CENTRY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 Keurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make the best Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
the new rest 72 fours after death with the State Dept. of Health and Mental Hygiene prior	im 28 is mar

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGI REG.		JE 0170		
		R. ROBERTSON				2. DATE OF DEATH	9 ^{MY} 199		P M	
	4. SOCIAL SECURITY NUMBER 236-46-4086	1 ⅔ M 2 □ F	51 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept. 2	7 1931	8. BIRTHPLACE (State or Foreign Country) W. VA.	gn	
TOR	98. FACILITY NAME (If not institution, give THE JOHNS HOP RESIDENCE OF DECEDENT			BALT	MORE CI	TY	9c. COUNT	9c. COUNTY OF DEATH		
DIRECTOR	MD . 10b. COUN	TY	BALTIMO				10d. INSIDE CITY LIMITS? 1 A YES 2 NO	0		
FUNERAL	100. STREET AND NUMBER 912 SPANGLER WAY			10f. ZIP CODE 21205			10g. CITIZE	EN OF WHAT COUNTRY? USA		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 NYES 2 IF YES, GIVE WAR OR DATES							14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15, DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12) N/A					16b. KIND OF	BUSINESS/INDUSTRY OIL COMPANY			
COM	17. FATHER'S NAME (First, Middle, Last) THEODORE		1100		18. MOTHER'S NAME (First, Middle, Meiden Surneme) VIRGIE PENNINGTON					
TO BE	190. INFORMANT'S NAME (Type/Pfini) CORINNE L. ROBERTSON (WIFE) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 912 SPANGLER WAY, BALTIMORE, MD. 212									
								WEST VIRGIN	IA	
	SCHIMUNEK FUNERAL HOME 3331 BREHMS LANE, BALTIMORE, MD. 21									
	23. PART I. Enter the diseases, or complications that ceueed the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart feiture. List only one cause on each lins. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of):									
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	£	CONSEQUENCE OF							
	PART II. Other significent condition	n the underlyIn	g ceuse given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINE ANAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	O			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	netlant 3 DOA	OTHER:	LACE OF DEATH (Ch					
Y PHYS	27. MANNER OF DEATH 1 Neturat 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TiM	E OF 28c. IN	URY AT ORK? YES 2 NO	28d. DESCRIBE H		URED		
TED BY	3 Suicide 6 Could not t	2 Accident Investigation 3 Suicide 6 Could not be Suicide 6 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could not be Suicide 1 Could no								
COMPLETED	(Critick Drilly	YSICIAN: To the best of my know							sted.	
BE	296. SIGNATURE AND TITLE OF CERTIF	Kal M	D		29c. LICENSE NUI	ABER	29d. DATE	SIGNED (Mopth, Day, Year)		
5	MIC 14.5 & L. D	RUSH MI	7 10		10 10	has Ho	pkins	Hosp. Ball	ME	
	31. NOV 1 3 1992	32. REGISTRAR'S SIG	SHEETE STATE					\		

notified at

8

must

examiner

medical

event,

or other traumatic

23 shows any Injury,

has be Dept.

this certificate har with the State De arked, or Item 2

death After

DIRECTOR: A 60

FUNERAL within 72 h IMPORTANT: If

THE FEE 223

marked,

28

Hem

2

0

cremation, the

prior to

	P
	24
50,	within
6876	executed
$\stackrel{\sim}{\sim}$	8
. BC	tificate
9	93
	death
õ	he
r	lat i
0	S
Z Z	require
	AMP.
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hour
2	DING
2	ATTEN
5	8
_	HOSPITAL

92-6346-510 ITEMS: 23 PART I,II,27 PER MEO G-692 11/19/92 reb 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAD Roland Redman 11 0.7 992 : 44 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in vrs. last hirthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Nov . 17 214 38 9051 1 X M 2 F 49 YRS. 1942 Maryland Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 3923 Falls Road Baltimore 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland XX YES 2 | NO Baltimore 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 3923 Falls Road 21211 U.S A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 10 Office Manager Transportation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roland E Redman Marcellena BE Boston 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) ဥ 3923 Falls Road, Baltimore, Maryland 21211 Monica Gisiner 20g, METHOD OF DISPOSITION
1 & Burial 2 Cremation 3 Removal from State
4 Donation State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State cometery, crematory, or other place)
Lake View Memorial Park 11/10 Eldersburg 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee Henss Funeral Home 3631 Falls Road Baltimore, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Finsi Onset and Death disease or condition NARCOTISM COMPLICATED BY PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? FATTY LIVER 1 YES 2 NO OF DEATH? 1 TYES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 INO ng Home 5 🖵 Residence 8 🗆 Other (Specify) 4 🗌 Nura 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1XX Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 ___MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE/OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non. Print)

Dixon.

Μ.

NOV 1 3 1992

O.C.M.E

MD DCME 111 Penn Street, Baltimore, Maryland



1992

21201

07

11. 15

111

E 1

	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending on attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending to the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending to the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital or attending the	TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	i 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The state of	DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this certifit be filed within 72 hours after death with the	IMPORTANT: It item 28 is marked, or

Essex Med 31. DATE FILED (Month, Day, Hear) NOV 1 3 1992

Medical

Juli Surley America

	FOR 1 - STATE	STATE OF N	MARYLAND /	DEPAF	RTMENT O	F HEALTH	I AND (MENTAL HYGIEN		2	31705
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) John W	Reini		RTIF	ICATE (OF DEA	ТН	REG. NO		VEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX						NOV. 11,0	1992		М
		1 M 2 F	F 7 A YRS. MONTHS			AR IF UNDE	R 24 HRS.	(Month, Day, Year) Col			.,
	213-07-7117 9a. FACILITY NAME (If not institution, give st		74	1110.	9h CITY TO	VN OR LOCAT	ION OF DE	Dec.1,1		Ma:	ryland
TOR	904 Essex A					altin			9c. COU		ltimore
DIRECTOR	10a. STATE 10b. COUNTY	Baltimo	re	10c. CIT	10c. CITY, TOWN OR LOCATION Essex						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 904 Essex 2	Ave.				10f. ZIP COD		1221	10g. CIT	IZEN OF V	VHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. ARI		If ye	DECENDENT (, specify Cubi YES 2NO	n, Maxica	IIC ORIGIN? (Specify Years, Puerto Rican, atc.)	or No —	14. RACE Black Specif		
15. DECEOENT'S EQUICATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life.) 16b. KIND OF BUSINESS/INDUSTRY									White		
MPL	Elementary/Secondary (0-12)	Conege (1-4 or 5 +	<u>'</u>	Capt	ain			Fire	e De	pt,	
BE CO		m John	Reini	g .	Sr.	16, MOT	HER'S NA	ME (First, Middle, Maiden Mary	Sumame)		
190. INFORMANT'S NAME (Type/Print) Mary Guttman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 904 Essex Ave. BaltimoreMd. 21221								21			
20a. METNOD OF DISPOSITION 10 Burlai 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of configuration for Stata) 20c. LOCATION - City or Town, Stata configuration for Specify or Town, Stata configuration for Specify and Configuration for Specify and Configuration for Specify for Stata configuration for Specify and Configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Stata configuration for Specify for Specify for Stata configuration for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Specify for Spe											
e ti	27 NGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300 Mace Ave. 21221								ve.21221		
	23. PART I. Enter the discrete, or conshort, or heart failure. LIMMEDIATE CAUSE (Final disease or condition	ist only ona cau	se on aach lina.						ratory arr	est,	Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO	OR AS A CONSECU	PREMOTE ONSEQUENCE OF: PAS A CONSEQUENCE OF): PAS A CONSEQUENCE OF): Onset and E							
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSECU	UENCE OF	ŋ:			191			
: MEDICAL C	PART II. Other eignificent conditions	contributing to	daath but not re	sulting I	n the under	ring cause (givan in i	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	ER/Outpatient 3 [DOA	OTHER:	PLACE OF D		ck only one) 6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	NJURY	26b. TIME	E OF 26c.	INJURY AT WORK? YES 2		28d. OESCRIBE HOW IN	JURY OCC	UREO	
E	3 Suicide 6 Could not be detarmined	28a. PLACE Of building, a	INJURY — At homitc. (Specify)	io, farm, s	treet, factory, o	ffice		261. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLET								to the cause(s) and man			and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		Mu	~			NSE NUM				(Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATH (ITEM	27) (Туре,	Print)	10	100	/ 4		115	112

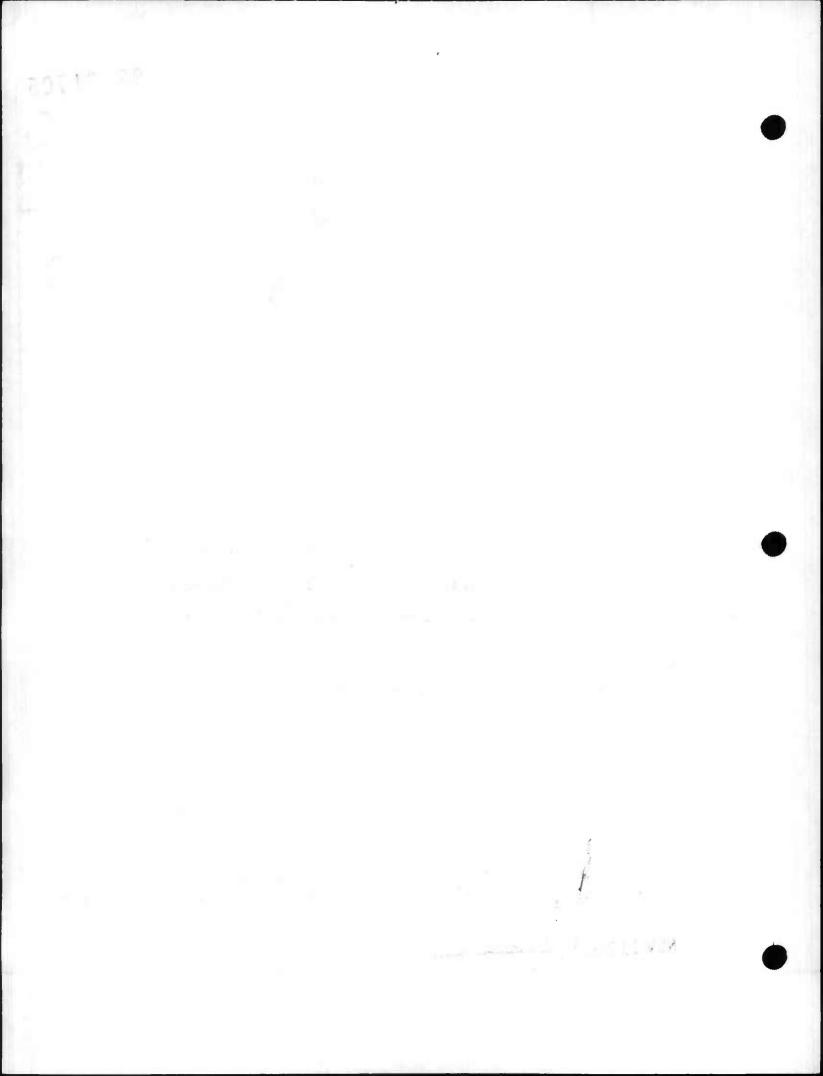
Eastern Ave.

21221

BAltimore Md.

Mary property of the same forting

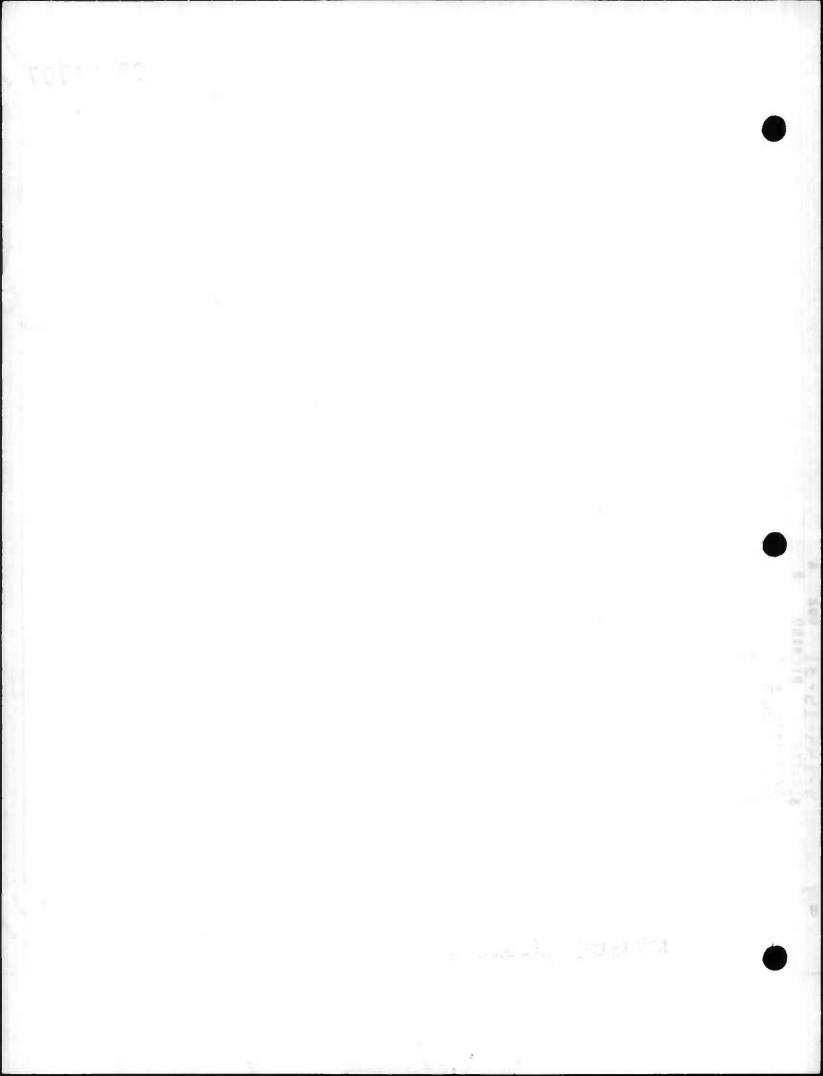
		FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H	DEATH	DEC NO		2 31/06
	8	1. DECEDENT'S NAME (First, Middle, Last)	ELEANOR EF	RANCES	SHEETS	ANOR	2. DATE OF DEATH MONTH D	11-5-92	3. TIME OF DEATH 2:45P M
pino	l j	4. SOCIAL SECURITY NUMBER 23907 4525 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	YRS.	F UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year)	-18 V	BIRTHPLACE (State or Foreign Country) 7irginia
, 2, 3 should	TOR	SHADY GROVE ADE		SPITAL	Gaithe		TH .	BC. COUNTY	STGO MERY.
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	gomery Coun		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Tis.	FUNERAL	100. STREET AND NUMBER Nat' 9701 Veirs Driv	l Lutheran E	Iome	101	20850		10g. CITIZEN	OF WHAT COUNTRY?
or attending physician. r use as the burlal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
al or attending for use as the	LETED	15. DECEDENT'S EDUM (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY
the hospital detached to once.	COMPL	12 + 17. FATHER'S NAME (First, Middle, Last)	4	Teache	r	18. MOTHER'S NAM	Educat		
5 should be notified at	BE	George Emory Sl	neets	19b. MAJLING A	ADDRESS (Street a		therine W		fal
8 8	5	Nat'l Lutheran Ho		9701 Ve	eirs Dri	ive, Rock	ville, MD	20850)
director, p		1 Buriel 2 Cremation 3 Reme 4 Monation 5 Other (Specify)	oval from State cen	p. PLACE AND DATE OF metery, crematory or other	er place)			CATION — City	or Town, State
r death. F e funeral al. examin		21. SIGNATURE OF PUNERAL SERVICE LIC	we N	ov 6,92	655W.		St.Balto	,MD 21	
		23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Coute	Gusl	is pu	de of dying, such	as cardiac or respi	ratory arrest	Approximata Interval Between Onset and Death
th certificate be execuending physician and I Hygiene prior to but or other traumetle	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH AS	A CONSEQUENCE OF	pul	tory o	lista y emk	15 rolus	
w requires that the been signed by the it, of Health and M Is, shows any inju	MEDICAL	PART II. Other significant condition	a contributing to death	eut not resulting in	the underlying	g cause given in P	249. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law certificate has but the State Dept. 1, or item 23:	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Outs		OTHER:	ACE OF DEATH (Chec			
NG PHYSICIA fler this certif eath with the marked, or	РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF tNJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJI	e 5 Residence 6 URY AT RK? /ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	ED
OR ATTENDING I DIRECTOR: After hours after death item 28 is mar	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	7 — At home, ferm, atr			28t. LOCATION (Street a City or Town, State)	and Number or F	tural Route Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLE		CIAN: To the best of my know R: On the basis of sxaminatio						use(s) and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	290. SIGNATURE AND TITLE OF CERTIFIER	J. Karel	LW	7	29c. CICENSE NUME	726	29d. DATE SK	GNED (Month, Glov, Year)
	TO	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	Print)				
		31. NOV 13 1992 9	32. REGISTRAR'S SIGN	ATURE					



U.

	permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physician. Neral director, page 5 should be detached for use as the burial-transit miner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BAI	filled in by an, or rem	

	1 - STATE REGISTRAR		CER		CATE OF				EG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)				0,112			2. DATE OF	DEATH			3. TIME OF DEATH	
1	RICHARD H. SCHAF	ER						NOVEME	DA CITIC	W 1.0	9 2		рм
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last bir	rthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		., 19		IPLACE (State or Form	_
	218 28 4720 1 ☑ M 2 ☐ F 61 YRS. MONTHS DAYS HOURS MINN. (Month, Day, Year) 5-2-1931							Count	(y)	-gri			
1 8	Sa. FACILITY NAME (If not institution, give str	net and number)			9b. CITY, TOWN	OD I OCATI	DN 05 04		931			ryland	
DIRECTOR	THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH												
EC	10a. STATE 10b. COUNTY		1	Oc. CITY	TOWN OR LOCA	TION						10d. INSIDE CITY	-
	Maryland	na		В	altimor							LIMITS?	ю
FUNERAL	4300 N. Charles	St 2-C			10	2.12 °				,	IZEN OF V	WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT E		0	13. WAS DEC			VIC ORIGIN? (S	pecify Yes			E — American Indian	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			If yes, or		n, Mexica	n, Puerto Ricar			Speci	k, White, etc.	'1
	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECED	ENT'S	USUAL OCCUPATI	ON		16b. KIN	ID OF BUS	HNESS/INC	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do	NOT us	ork done during mo retired.)		g						
로			В	ay	Pilot								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NA	ME (First, Middl	le, Maiden -	Surname)			
BE (Richard W. Scha	fer				Mar	y-Go	Hel	en	Goe			
5	19a, INFORMANT'S NAME (Type/Print)	D1-312-3	19b. M	AILING	ADDRESS (Street						Code)		
=	Judith Schafer		43	00	N. Char	les S	it :	2-C,Ba	Ltimo	ore,	MD 2	21218	
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from State	20b. PLACEAND	DATEO	F DISPOSITION (N			OATE		CATION —			
	4-Donation_5 Other (Specify)		cemetery, cremate	,	ner piace)								
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald	Wade, D	ir	22. NAME A	ND ADDRES	S OF FA	aury Sta	ite A	nato	my B	Board	
	amoud / U	200	11/4/9		655 W	.Balt	imo	re St,I					
6	23. PART I. Enter the diseeses, or co	omplications that co	used the death	. Do n								Approximate	
	shock, or heart failure. L	lst only one cause	on each line.			4 or ay.	ilg, suo	n as cardiac	or respir	atory sri	oat,	Interval Bet	ween
	IMMEDIATE CAUSE (Final disesse or condition	Ca	1:000	1	She	-/						Onset and I	Destn
	resulting in death)	DUE TO/OF	AS A CONSEQUE	NCE OF);	-	0		74			Insur	`
z	ease-state and a second con-	Ma	ssive	. 7	moca	rolio	d,	inter	ctio	М		2 week use longst	5
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	AS A CONSEQUE	NCE OF): , [rich Ti kun jersejes	-	V	,		/	I and C	lends.
2	CAUSE (Disease or Injury	Yh.	herosci	en	otic	Core	ma	ry a	Acr	10	Will	use "	holone
빌	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUE	NCE OF):			T				t i	
띮	d.							V					
2	PART II. Other significant conditions	contributing to de	ath but not resu	ilting i	n the underlyin	g cause g	Iven in	Part I. 24s	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINE	DINGS
DICAL		7.							PERFOR	MED?		AVAILABLE PRIOR TO)
ш								¹₺	YES 2	ONC		OF DEATH?	
Σ								-				1 TES 2 NO)
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				24 0	405 05 0							
S	EXAMINER?	HOSPITAL:			OTHER:			eck only one)					
¥	27. MANNER OF DEATH	28s, DATE OF INJ		DOA Bb. TIME	4 Nursing Hon		sidence	6 Other (Sp 28d. OESCRII		I HIPPY OO	OI IDED		
	Natural 5 Pending	(Month, Day,		INJU	JRY WO	PRK?	l MO	200. OEŞCHII	BE NUW IN	IJUHY OCI	COHED		
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF IN	IJURY — At home,	form, si] 140	28f. LOCATIO	M /Ohmad a	ad Number	or Overel 5	Pourto Mumbar	
COMPLETED	4 Homicide 8 Could not be determined	building, etc.	(Specify)		,,,			City or To	wn, State)	THE THEIRINGS	Of Hores 7	tours rumber,	
	296. CERTIFIER				mes or sec						_		
MP	(Check only CEHTIFYING PHYSIC	IAN: To the best of my											
8		On the basis of exam	inition snd/or inve	arigation	n, in my opinion, c	leath occur	ed at the	time, date and	place, sno	d due to th	e csuse(s	i) and manner es stat	led.
BE	296. SIGNATURE AND THE OF GERTIFIER	1 0	, ,	L 0	1	29c. LICE	NSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
10	gallon-No	h Ke	Rident	h	hypician						11/	2/92	
-	30. NAME AND ADDRESS OF PERSON WHO Malcom V B	TOUR JOH	of DEATH (ITEM 27	KINDO.	Hospita	l 60	OZK	uble 8	Ru	three	e M	021287	
	31. DAY NOV 13 1992	32. REGISTRAR'S	SIGNATURE					-	, ,,,,,,,,	7,7,000			



3. TIME OF DEATH

7:00

992

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

CATHERINE STALLINGS

1

•	,
-	
IP.	
0	
4	
~	
m	
2.3	
4	
V	
0	
800	
0	
~	
0.0	
Dellar	
95	
CO	
~	
_	
RECORD	
U	
()	
ĬĬ.	
Line	
_	
A	
-	
VITAL	
_	
Separate Park	
No.	
9	
_	
7	
=	
0	
-	
S	
-	
>	
-	
	1
	ı
	d

P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F HOURS 213-10-3227 89 YRS. Aug. 19,1903 Lithuania Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9121 Kilbride Road DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 X NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9121 Kilbride Road burial-transit 21236 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: White BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. College (1-4 or 6+) Elementery/Secondary (0-12) N/A N/A Seamstress Bed Linen Co. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Bagdon 75 Anna (Surname Unknown) notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert S. Stallings 9121 Kilbride Rd., Baltimore, MD (son) 21236 9 20s. METHOD OF DISPOSITION
1X Burlet 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or must 4 Donation 5 Comer/S Most Holy Redeemer Cemetery Baltimore, Maryland 21. SIGNATURE OF PUNETURE SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Mesn Schimunek Funeral Homes, Inc. 4000 9705 Belair Rd., Baltimore, MD 21236 medical 22. PART I. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition the event. resulting in death) OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseeze or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TES 2 DINO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item EXAMINEDA 1 TES 2 NO HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 | Nursing Home 5 | Residence 6 | Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, DIRECTOR; After this on nours after death with 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Sulcide 6 Could not be COMPLETED lem 28 4 Homicide BB 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 100 88 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(e) and manner as stated TO THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF T 296. SIGNATURE AND TITLE OF CERTIFIE 290 LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, Year) BE 2 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Catherine Anna Stallings

2. DATE OF GRATH

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1120.0110.11				-		IOAII		DLA			HEG. NU.				
	1. DECEDENT'S NAME (First		orothy E.	Coh		_					MONT	OF DEATH		YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER		s. sex			t birthday)	15 (NO. 6)				November 10,1992			_	1:30 A. M	
	216-07-0600		1 M 2 TF			VRS.	MONTHS	DAYS	HOURS	R 24 HRS.	(Month, Day, Year) Co			Country		
1	9a. FACILITY NAME (If not in		- 22		8	ina.	AL CITY	2001001	2010017	.011 05 05		. 3, 1			yland	
œ	1313 South	-					27.7					227 3,323	OUNTY OF DEATH			
[유]	RESIDENCE OF DEC		Dalle					вет	Air		_		Ha	arfor	'd	
DIRECTOR	10e. STATE	10b. COUNT				10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
	Maryland		arford				В	el A	ir						1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER							10	. ZIP COD	E			10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
岁	1313 South	well 1							2	1014				U.S.A.		
E	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARI	MED O	13.	WAS OED	ENDENT (OF NISPAN	NIC ORIGIN	7 (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.	
BY	3 XXWIdowed 4 Divo		IF YES, GIVE W							Specify		,,		Specif		
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retreet.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retreet.)															
7	Elementary/Secondary (0)-12)	College (1-4 or 5	.)												
MF	N/A 17. FATHER'S NAME (First, M	Molette (and)	N/A		Ass	sista	ant I	suye	_			Cloth:		Store		
BE	10 HEODMANT'S NAME (Books)															
2	Deborah E.		(daught	er)								Air, N			21014	
	204. METHOD OF DISPOSIT	ION		20b.	PLACEA	ND DATE	OF DISPOS	SITION (Ne		,	OATI			City or Ton		
(1	20s. METHOD OF DISPOSITION 1X) Burtlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Moreland Memorial Park 11/13 Baltimore, Mary								Maryland							
31	21. SIGNATURE OF FUNERA	L SERVICE-LIC	CENSEE				22.	NAME A	ND ADDRE	SS OF FA	CILITY			1111	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	
	Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD 21236									21236						
	23. PART f. Enter the di	iseeses, Dr (complications tha	caused	the de	eth. Do	not enter	the mo	de of dy	Ing, suc	h aa card	liac or reapl	ratory an	rest,	Approximate	
	ahock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition CASTRIC ADZENG CANCINOMA Interval Between Onset and Death 44 MIN															
	disease or condition	→	64	>1K	-10		r_1	176	MAG	CHY	LCI	NON	NH		4 MON	
			DUE TO	(OR AS A	CONSEC	UENCE O	F):									
CERTIFICATION	Sequentially list conditi		b	(OR AS A	CONSEC	UENCE O	n:		_							
AT I	If any, leeding to imme- cause. Enter UNDERLY	NG														
Ĕ	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A	CONSEC	UENCE O	F):									
E	resulting in death) LAS		d													
	PART II. Other significe	nt condition	s contributing to	death bu	ut not re	sulting	in the ur	nderlyln	g cause	given in	Part I.	24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL										COLL	.0.0	PERFOR	. /		AWAILABLE PRIOR TO COMPLETION OF CAUSE	
											_	1 TES-2	NO		OF DEATH? 1 YES 2 NO	
ž										_	_					
N N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL							ACE OF C	EATH (Ch	eck only on	e)				
is l	1 WES 2 NO		HOSPITAL:	ER/Outpo	stient 3	□ DOA	4 Nur		. 5 DA	esidence	8 🗆 Other	r (Specify)				
PHYSICIAN:	27. MANNER OF GEATH		28e. DATE OF (Month, D			28b. TIN	E OF URY	28c. INJ WC	URY AT		28d. OES	CRIBE HOW I	JURY OC	CURED		
B¥	2 Accident Investigation						M		YES 2	NO						
								28f. LOC.	ATION (Street a or Town, State)	nd Number	or Rural Re	oute Number,				
호	29e. CERTIFIER (Check only one)	IFYING PHYSI	CIAN: To the best of	my knowle	edge, des	th occurr	ed at the t	ilma, data	and place	, and due	to the cau	se(s) and man	ner as sta	ted.		
8		1	<u> </u>	uministion	and/or li	rvestigatio	n, in my c	opinion, d	leath occu	red at the	time, date	and place, and	d due to th	re cause(s)	and manner as stated.	
B	296 SIGNATURE AND TITLE	OF CERTIFIES	1. run	\nearrow					29c. LIC	ENSE NUN	WBER		29d. DAT	E SIGNED	(Morth, Day, Year)	
6	30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CALL	E OF DE	TH OTEN	270 /5	Onior1		L	131	'/'/2		* /	1/1/	110	
			, 2112 Be					4-A.	Fa1	1sto	n. M	0 210	47			
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGN	TURE	0		,			-,					
	NOV 1 3 19	392	gifte sould		mpale	6										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Maria Sana

o	
<u>ळ</u>	
-	
ထ္ထ	
BOX 68760	
~	
Ö	
m	
P.0.	
9	
₾.	
í	
č	
7	
Ö	
×	
H	
~	
OF VITAL RECORDS,	
4	
\vdash	
=	
느	
Z	
0	
DIVISION	
5)	
>	
$\overline{}$	

	1 -	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTI	MENT OF HE	ALTH AND MEN	ITAL HYGIENE REG. NO.			
	1.0	DECEDENT'S NAME (First, Middle, Last)	ITH B. SIN			2.1	DATE OF DEATH	YEAR	3. TIME OF DEATH	
	4. \$	SOCIAL SECURITY NUMBER			UNDER 1 YEAR	# UNDER 24 HRS. 7, 0	L 11	92	7:25pm M	
	2	O T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T T O O C T T O O C T T O O C T T O O C T T O O C T T O O C T T O								
-	9a.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	412 S. Chapelgate Lane Baltimore									
BE	10a.	. STATE 10b. COUNTY		N .			10d. INSIDE CITY LIMITS?			
	- 4	Maryland -				Baltimon		10g. CITIZEN OF V	YES 2 NO	
FUNERAL	4	12 S. Chapelga	ate lane			21229		USA		
5	11.1	MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, speci	IDENT OF HISPANIC OF Ify Cuban, Mexican, Pu	RIGIN? (Specify Yes or erto Rican, etc.)	r No- 14, RACI	E — American Indian, k, White, etc.	
ĕ A	13	Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗆 YES 2	₩ NO Specify:		Speci	White	
once. COMPLETED	1	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most	of working	16b. KIND OF BUSIN	IESS/INDUSTRY		
FE		12th	College (1-4 or 5+)	Homen	77.5		Но	me		
CON	17, 5	FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NAME (F				
BE a	190	William Ba	amberger	105 MAILING AC	OPESS (Street and	E J Number or Rural Route	Lizabeth		е	
examiner must be notified at once. TO BE COM	H	Roy B. Simmons				lgate La			D 21229	
nst De	152	. METHOD OF DISPOSITION Burial 2 Cremation 3 Remove	val from State	b. PLACE AND DATE OF I	nlacel			TION — City or To	- III	
Ē	21.4	Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LIGE	ENSEE //	leadowrid	ge Mem	orial PKI	<u>1-16 ELkr</u>	idge,	MD	
exami		George E. Ma	1 01170		MacNab	b Funera	al Home,	P.A.	VD 01000	
dica	23.	PART I. Enter the diseases, or co shock, or heart fallure. L	omplications that cause	d the death. Do not	enter the mode	ederick of dylng, such as	cardiac or respirar	tory arrest,	MD 21228 Approximate	
Injury, or other traumatic event, the medical		MEDIATE CAUSE (Final	int only one cause on	each line.	re.	Ο.			Onset and Death	
/ent,		sulting in death)	DUE TO OT BUD	CONSEQUENCE OF	y 1 au	lune				
S Z		equentially list conditions,	Mes	Pas tatre	Corci	noma fo	Lelyna		1	
ATIC	lf a	any, leading to immediate use. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):			0			
TEIG	the	NUSE (Disease or Injury at Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
ry, or other traumatic	res	sulting in death) LAST	,							
1 4	PAI	RT II. Other significant conditions	contributing to death	but not resulting in t	he underlying o	cause given in Part	I. 24s. WAS AN AU PERFORME		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
shows any : MEDIC.	-	85cein 1	wording				1 □ YES ZX	Мю	COMPLETION OF CAUSE OF DEATH?	
Show Show	-								1 YES 2 NO	
PHYSICIAN:		WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLAC	CE OF DEATH (Check or	nly one)			
HYS	-		1 Inpatient 2 ER/Out		☐ Nursing Home	5 Residence 6 -	Other (Specify) DESCRIBE HOW INJ	IIBA OCCIBED		
marked BY PI		Natural 5 Pending	(Month, Day, Year)	INJUR	WORK	S 2 NO	. DESCRIBE NOW INCI	DRY OCCURED		
Z8 Is marked, or Item FED BY PHYSICI/	3	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, strencify)	et, lactory, office	281.	LOCATION (Street and City or Town, State)	Number or Rural I	Route Number,	
		CERTIFIER			prince-cer					
MPORTANT: If Item 2 D BE COMPLET		onel	: On the best of my known						i) and manner as stated.	
BE CC	290.	SIGNATURE MO TITLE OF CENTIFIER	2 / 00			SE LICENSE NUMBER		194. DATE SIGNED	(10) (0) (4) (4) (4)	
TO B		/Moun/	1000	MON N	W	11078	50	▶ 11-1	2-92	
	M.	arvin Feleman.		ыти (птематучура, Ап ite 212.	Marie Contra	P14- W	orov Ma	A Co-	tor	
	31. 0	DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE	DUEKE	Bldg, M	ercy ne	. cen	Ler	
		NOV 1 3 1992	grine Devido	ar Noubras						

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	L HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	Y AYI	3. TIME OF DEATH
		Jennie Spencer						10		
pir		214- 22 -8743	1 🗆 M 2 💢 F	In yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	(Mont	of Birth h, Day, Year) -20-11		BIRTHPLACE (State or Foreign Country)
3 should	OC.	9a. FACILITY NAME (If not institution, give structure) The Union Memorial				OR LOCATION OF D			9c. COUNTY	OF DEATH
ςi	5	RESIDENCE OF DECEDENT	Hospital		Daiti	more City	7			
020 physician. burial-transit permit. Pages 1,	DIRECTOR	MD 10a. STATE 10b. COUNTY			town or Local					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Perm	AL	10e. STREET AND NUMBER				M. ZIP CODE				OF WHAT COUNTRY?
an. ransit	FUNERAL	1625 Darley Av				21213			USA	\
9 2 9	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 ☐ YES IF YES, GIVE WAR OR DO	2 X NO	If yes, sp	DECITION OF HISPAL DECITY Cuban, Mexico S 2 X NO Specific	sn, Puerto		or No 14.	. RACE — American Indian, Black, White, etc. Specify: Black
215-00	ED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	168	. KINO OF BUS	INESS/INDUS	
21 21 or 10 10 u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us						
N Phospit ached	MP	10th grade		Janito	rial Se	ervices	_	ity H		al
YLAND 21215 by the hospital or attend be detached for use as at once.		17. FATHER'S NAME (First, Middle, Lest) Willie Summerv	:110			Bessie				
	H	19a. INFORMANT'S NAME (Type/Print)	i i i e	19h MAILING	ADDRESS (Street	and Number or Rural				orden).
	2	Audrey Wilson		1625		Ave/Ba				
ORE, I 6 may be ctor, page must be n		20a. METHOD OF DISPOSITION		PLACE AND DATE O	F DISPOSITION (N	ame of	DAT			or Town, State
AO ne e nector		1 M Burlal 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	rei from State Cer	al tillor	re ceme	tery		Bal	timor	e, MD
(ALTIMORE, death. Page 6 may be tuneral director, page u.l.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	7	22. NAME A	ND ADDRESS OF FA	CILITY			
BALTIMORE, after death. Page 6 may be noval. cel examiner must be		Atmel	E15-6	toxes	WM C	. MARCH	HF.	H./11	01 E.	NORTH AVE.
in 24 hours ely filled in thation, or res the media.		23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the	SCPS DUE TO (OR AS A	ach line.	7):			diac or respi	ratory arrest	Approximate Interval Between Onset and Death
OX 68 be execution to buring the buring and and and and and and and and and and	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	nc IZ	5181000	XY			
	ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ገ:					
E Se de C	A	PART II. Other algoriticent conditions	contributing to death b	ut not reaulting i	n the underlyin	ng ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that seen signed b of Health ar shows eny	MEDIC	HYPETUSHONZ		COMA.				1 PYES 2	VI NO	OF DEATH?
										7 7 20 0 0 0, 110
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			LACE OF DEATH (C	heck only o	ne)		
F VITA SICIAN: The certificate It the State 1, or Item	YSIC	1 FYES 2 🗆 NO	HOSPITAL: 1 Compatient 2 ER/Outs	ostient 3 🗆 DOA	OTHER: 4 Nursing Hor	me 5 🗆 Rasidence	6 🗆 Oth	er (Specify)		
O 충 블로 호	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	JURY AT ORK? YES 2 NO	28d, DE	SCRIBE HOW II	NJURY OCCUR	RED
TENDI TTENDI TOR: A after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		kreet, factory, offic	ce		CATION (Street e or Town, State)	and Number or	Rural Route Number,
DIV TO THE HOSPITAL DR AI TO THE FUNERAL DIREC DE FINE WITHIN 72 hours IMPORTANT: If Item:	COMPL	one) 2 MEDICAL EXAMINER	IAN: To the best of my know: On the beste of examination							sause(e) and manner as stated.
물 물질 등	BE	296. SIGNATURE AND TITLE OF CERTIFIER	2 1-			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)
2 6 8 3	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (5	Quint)				- //	110/92
		ACTOCIO PASER NO	DUI ENST C	HUM SIT		of war	BA	MAC	e Hi	277(100
		11. DATE FILED (Month, Day, Year) 12. DV 1 3 1992	32. REGISTRAR'S SIGN	inde the	•					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	92-6392-510						9:	2 3	1712
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPART	MENT OF H	IEALTH AND DEATH	MENTAL HYGIEN		- 9	1116
8	1. DECEDENT'S NAME (First, Middle, Last) LONNIE			<u> </u>	DEATH	2. DATE OF DEATH MONTH DA	NY .	YEAR 3.	TIME OF DEATH
	AL	LEN STELL				11 09	19		9:30 PM
		5. SEX 8. AGE (In yrs. lest		F UNDER 1 YEAR	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign
1	214-86-6660 9a. FACILITY NAME (If not institution, give stre	23				1/11/67			MD
œ					OR LOCATION OF D	EATH	9c. COUNT	TY OF DEAT	н
5	2900 Edgecomb C	ircle-South		Baltim	ore		L		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	'ION			104	1. INSIDE CITY
	MD		В	altimo	re			1[LIMITS?
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZI	EN OF WHA	COUNTRY?
ER	2824 Harford R	ld ().			21218		U.	SA	
FUNERAL		12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X NO	ED			NIC ORIGIN? (Specify Yes	or No- 1	4. RACE -	American Indian, hite, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	,		2 V ND Speci	n, Puerto Rican, etc.) y:	ſ	Specify:	
	1								ack
TE	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (Give	EDENT'S U w kind of wo Do NOT use	SUAL OCCUPATION rk done during mo	ON st of working	16b. KIND OF BUS	HNESS/INDU	STRY	
7		College (1-4 or 5+)		•					
COMPLETED	10th grade 17. FATHER'S NAME (First, Middle, Lest)		mp re	yment	40 4407147710 411	ME (First, Middle, Malden			
	William Stell								
BE	19a, INFORMANT'S NAME (Type/Print)	19h.	MAILINO A	OORESS /Street a	Pearl	Jeffrie: Route Number, City or Town			
2	Mrs. Pearl Stel					Baltimor		,	10
	20a. METHOD OF DISPOSITION	20h PLACEAL		DISPOSITION /Na				ity or Town,	
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cemetery, crem	atory or othe	e Ceme	terv			re, I	1.5
	21. SIGNATURE OF FUNERAL SHIVICE LICE		111101	7	ID ADDRESS OF FA		CITIO	, I	טויי
	N Samo	+ K. One		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	23. PART I. Enter the diseases, or con	mplications that coused the dea	th. Do no	t enter the mo	e of dving euc	F.H./11	01 E	. NO	RTH AVE.
	snock, or heart failure. Lis	st only one cause on each line.			do or dying, suc	in as caldide or respi	iatory arre	ot,	interval Between
	iMMEDIATE CAUSE (Final disease or condition	GONSHOT WOI	11.00	RE	LIFAD				Onset and Death
	resulting in death) a.	DUE TO (OR AS A CONSEQU	UENCE OF):	UT	FUNT				
z	· .							İ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQU	JENCE OF):						
8	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury							ļ	
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	JENCE OF):						
H	d.								
	PART II. Other significant conditions	contributing to death but not re	sulting in	the underlying	cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
2	121					PERFOR			MLABLE PRIOR TO MPLETION OF CAUSE
						1X YES 2	□ №0	1	DEATH?
2						_		'>	YES 2 NO
NA.	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	eck only one)			
Sic		HOSPITAL:		OTHER:	e 5 🗆 Residence	8 Dither (Specify) S	ee 9;	2	
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW II			
ВУ	1 Netural 5 Pending 2 Accident Investigation	11 09 1992	9:30			Subject	eho:	+	
ED	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At hom building, etc. (Specify)				281. LOCATION (Street a City or Town, State)			Number,
ETE.	4 Homicide determined	in dwellin	ıa			2900 Eda	ecomb	o Ci	r -South
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, dest	-	at the time, date	and place, and due				
N O		On the basis of examination and/or in							d manner as stated.
	200. SIGNATURE AND TITLE OF CHITTINER	1			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Ma	nth, Day, Year)
TO BE	but you	And					•		
	30. NAME AND ADDRESS OF PERSON WHO	DOWNLETED CAUSE OF DEATH (ITEM			OCM	H'	1.1	10	1992

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 1992

NOV 1

32. REGISTRAB'S SIGNATURE

4 Landon - Handalle)

Baltimore.

Maryland

214. 25

BALTIMORE, MARYLAND 21215-0020

2, 3 should

2

92 31713 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 5, 1992 Arthur Shuman June Maxwell 7:30am 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
01-03-1958 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN 220-70-0051 1 M 2 F YRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR B altimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimaore XIX YES 2 NO BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 100 CITIZEN OF WHAT COUNTRYS 2716 Bookert Drive 21225 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 20 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, atc. Married 2 Married IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Cook Restaurant 11th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Fred Shuman Alline Harris BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2716 Bookert Drive, Balto., MD 21225 Alline Shuman 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Burial CCremation 3 Removal from State etery, cremetory or other piece)
etro Crematory, Inc. | 1 Metro 4 Donation 5 Other (Specify) _ 11-11 Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd., Balto., MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daeth Septic shock and chronic renal failure disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Acquired Immune Deficiency syndrome CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Severe anemia BY PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TES 2 1 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER Inpetient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED XXXNetural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 XXXERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATUPE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 11/a BE

> 32. REGISTRAR'S SIGNATURE Julie Levidson Rendalls

c/o Maryland General Hospital

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Walter Roche', M.D.

1997

31. DATE FILED (Month, Day, Year)

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

1 / 3 / /

		92-6293-033 FOR 1 - STATE REGISTRAR	EMS: 23 PAP State of 1	RT I. 2 MARYLA I	7 PER ME(ND / DEPAR CERTIF	G-69 TMENT	4 12, OF H	/1/92 EALTH /	reb AND MENT	AL HYGIEN	blh VE	J	1114
		1. DECEDENT'S NAME (First, Middle, Last) Israel			nlesin		. 01	DEAT	2. DA	TE OF DEATH	DAY	YEAR	TIME OF DEATH
모		4. SOCIAL SECURITY NUMBER 219-29-4739	5. SEX		yrs. lest birthday) 4 YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER 2 HOURS	Amu (Mc	re of BIRTH brith, Day, Year) -23-88		Country)	ACE (State or Foreign
1, 2, 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give : Greater Laure) RESIDENCE OF DECEDENT	Beltsv	ille		Ī.	aur	el	N OF DEATH		Princ	e Ge	orges
permit. Pages 1,		Maryland Monto	ver Spring						X	Od. INSIDE CITY LIMITS? YES 2 NO			
020 physician. burial-transit per	FUNERAL	13955 Palmer Hous					2	0904		-	USA		AT COUNTRY?
215-0020 attending physic	ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 MyO Specify: Specify:											
2 - 0 - 0	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A			6a. DECEDENT'S (Give kind of a life. Do NOT us	work done d se retired.)	CUPATIO	ON st of working	1	6b. KIND OF BU	ISINESS/INDU	STRY	
# 66 ×	BE COMPL	Donald 1. Schlesinger Chice Patricia Cummings											
- 2 8 0	2	194. INFORMANT'S NAME (Type/Print) Donald I. Schlesi	nger							inter City or Tow ilver			20904
n, Pare 6 may ma detent, pa		20a, METHOD OF DISPOSITION WAS Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI			LACE AND DATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STAT	etery	NAME AN	ID ADDRESS	11		urtons	-	
ithin 24 hours medically filled in the emation, or renewalt, the medical mt, the medical mt, the medical mt.	RTIFICATION	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceu	nt caused to	h line.	76	the mod	Sandy de of dyln	/ Sprin g, such as co	g Rd., ardiac or resp	Laure	1, M at,	Approximate Interval Betwee Onset and Dec
BOX 68/60 ficate be executed w physician and comp to prior to burial, or er traumatic ever		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A CO	ONSEQUENCE OF	F):							
reconsol, requires that the death een signed by the atten of Health and Mental shows any injury, or	: MEDICAL CEF	PART II. Other significent condition	d	death but	not resulting	In the unc	deriying	g cause gl	ven in Part I.	24a. WAS APPERFO	PIMED?	6	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
The law the has the age of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the count	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	26. PLACE OF OEATH (Check only one) HOSPITAL: 1 Inpetient 2X ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
DING PHYS After this death with	ВУ РНУ	1 (Nestural 5 Perioding (Month, Dey, Year) INJURY WORK? 2 Accident Investigation 28e. PLACE OF INJURY — At home, form, street, factory, office 28f. LOCATION (Street at							NJURY OCCUREO and Number or Rural Route Number,				
AL OR	COMPLETE	4 Homicide building, stc. (Specify) City or Town, State) 29e. CERTIFIER (Check only one) CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND AODRESS OF PERSON WH	in 2	- Ch	ent m		pinion, de	29c. LICEN	d at the time, de	ite and place, e	-	SIGNED (A	fonth, Day, Year)

111 Penn Street Baltimore

32. REGISTRAR'S SIGNATURE

3 1997

DHMH-16 Rev 1/89

1177 50

14 T Y

,

i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de

	once.
	*
	notified
	be
	must
ıl.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
burial, cremation, or removal.	or other traumatic event, the medical
, 0	he
cremat	event, 1
Dunal,	natic e
lor to	Laun
e b	1.0
lygien	oth
E E	0
Мел	nju
and	À
earth	60
Ē	3
pr.	3 8
Š	E
Stal	ite
The	9
seath with the State Dept. of Health and Mental Hygiene prior to bu	marked, or it
eal	E

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIF	TMENT OF H	IEALTH AND		HYGIENE REG. NO.	16	0,,,,		
	1. DECEDENT'S NAME (First, Middle, Last)	Smit.	h				2. DATE OF MONTH		3. TIME OF DEATH			
	2/2 22 2296	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	(Month, D.	7. DATE OF BIRTH (Month, Day, Year).					
TOR	96. FACILITY NAME (If not institution, give street end number) 4405 Raspe Ave. 96. COUNTY OF DE. Baltin											
DIRECTOR	100. STATE 10b. COUNTY	Baltimon	10c. CIT	Y, TOWN OR LOCAT	TION 1	,			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	1318 PINE GROVE AVE. 101. ZIP CODE 21337 109. CITIZEN OF WHAT COUNTRY? USA											
ВУ	1 Never Merried 2 Merried 15 VEC CIVE WAR ON DESCRIPTION II yee, specify Cuben, Mexicen, Puerto Rican, etc.)									. RACE — American Indian, Black, While, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) College (1-4 or 5+) HOMEMAKEY 16b. KIND OF BUSINESS/INDUSTRY									TRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank Debel:	ius				Barb	ara Sn	Ne, Makden Surname) aft				
10	Norma H. Reihl 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6104 Hamilton Ave. Baltimore, MD 21237											
	20e. METHOD OF DISPOSITION 1 Greenetton 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Oak Lawn 11-13-92 Baltimore, MD											
	22. NAME AND ADDRESS OF FACILITY CVach/Rosedale Funeral Home 1211 Chesaco Ave.											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, prock, or heart feliure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Caudaaa Onest and Death											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other eignificent conditions				Cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	20.		OTHER:	ACE OF DEATH (
ву Рну	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?											
	2 Accident Investigation 3 Suicide a Could not be determined City or Town, State) 4 Homicide Route Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, streel, factory, office City or Town, State)											
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my	knowledge, dea	th occurre	d at the time, date	end place, end do	ue to the cause(e) end menne place, end d	r ee stated.	suse(e) end menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	X.Q.	MY	7 -		29c. LICENSE N				GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	01/	/ 2/	> > -	7	111/14		
	31. DATE FILED (Month, Day, Year) NOV 1 3 1992	102. REGISTRAR'S	SIGNATURE	R.	TYNK L	4 1-10	(2/	2)/				

Ballimere. Rechles

- Bor (C

MALE

ל נ	deal
2	after
	4 hours
500	within 2
	executed
	2
	certificate
ŝ	death
)	the
	hat
	requires t
ï	AMP.
	19
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours after deal
	ATTENDING
	8
,	HOSPITAL
	ш

	1 - STATE REGISTRAR	STATE OF N		O / DEPAR CERTIF					MENTA	L HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, FRANCIS	•	MATTHEW			LLI	VAN		2. DATE OF DEATH DAY YEAR 1.1 09 1992			YEAR	TIME OF DEATH 2:35 P M	
	4. SOCIAL SECURITY NUMBER 213-28-1980	5. SEX 1√1√2 M 2 □ F	6. AGE (In yrs	. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (More AUG	of BIRTH	932 MARYLAI		ACE (State or Foreign	
E C	9a. FACILITY NAME (If not institution, 1219 SOUTH C						DR LOCATH			9c. COUNTY OF				
DIRECTOR	RESIDENCE OF DECEDEN 10a. STATE 10b. CO	Ť		BALTIMORE 18c. CITY, TOWN OR LOCATION						10d, INSIDE CITY				
		BALTIMORE	ALTIMORE			CATONSVILLE								
FUNERAL	1202 WESTERLEE				101	2122					S.A.	T COUNTRY?		
BY	11. MARITAL STATUS VXX Never Married 2 Married 3 Widowed 4 Divorced		1 YES XXNO If yes,				ECENDENT OF HISPANIC ORIGIN? (Specify to specify Cuban, Mexican, Puerto Rican, etc.) ES XX NO Specify:				s or No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE		hite, etc.	
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind o			during ma	ON ist of workin	g	SELF EMPLOYED ELECTRICA			ICAL.		
BE COMPL	17. FATHER'S NAME (First, Middle, Last EDWARD T. SULLI		16. MOTHER'S NAME (First, Middle, Maiden Surname) MARY E. NORWOOD											
TO B	19a. INFORMANT'S NAME (Type/Print) STANLEY SULLIV		R)							Der, City or Tow CATONS			21228	
	20a. METHOD OF DISPOSITION 1X Neuriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of SYKESVILLE, MARYLAND)													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228													
7	23. PART I. Enter the disesses, shock, or heart fail IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. ARTER	se on each	EROJ	10								Approximate Interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CON											
I: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FORMED? 1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24c. WAS AN AUTOPSY FORMED? 1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24c. WAS AN AUTOPSY FORMED? 1 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24d. WAS AN AUTOPSY FORMED?								MILABLE PRIOR TO MPLETION OF CAUSE					
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only o	ne)				
BY PHYS	ZZ MANHEN OF DEATH	1 Inpatient 2 I	INJURY	28b. TIM	4 🗆 Nun	ing Hom 28c. INJ	URY AT	sidence (_		NJURY OCCU	RED		
ВУ Р	1 Metural 5 Pending 2 Accident Investigat			M 1 YES 2 NO					28d. DESCRIBE HOW INJURY OCCURED					
ETED	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)								261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
D BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											d manner as stated.		
BE C	PHI. SIGNATURE AND WILE OF CONTIFER				29c. LICENSE NUMBER					ER 29d. DATE SIGNED (Month, Day, Year)			onth, Day, Year)	
5	So, Name and address of person who completed cases of peath (ITE				O.C.M.E.					11/10/1992				
	MAKID & GOLLE, THE WAY											nd 21201		
													DHMH-16 Rev 1/89	

stati, professor

	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	1, 2, 3		
	sage		
	mit. P		
	it pen		
cian.	Hrans		
physic	burial		
uding	s the		
r after	nse a		
oital o	of for		
sou a	etache		850
by the	peq		10
ained	pinou		Blad
be ret	Je 5 s		ou e
may	or, pag		list h
age 6	direct		E 26
ath. P	ineral		amin
ter de	the fu	DVa.	al ar
urs af	in by	L LOUI	adle
011 42	filled	0, 0	he m
rithin	letely	remat	int t
v betr	COUNT	rial, c	C AVI
exect	and n	20	mati
ate be	ysicial	prior	Trail 1
ertifica	ng ph	giene	othe
sath c	mendi	dal Ty	20 7
the d	the	d Mer	Iniur
that	hed by	th an	Aug
quire	n sign	of Hea	house
law re	as bee	ept.	23 el
TJe I	ate hi	tate D	tom
ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	sertific	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is them so is marked as them 32 shows any injury as other traumatic areast the medical assurings must be notified at once
PHYS	this (with I	popular
DING	After	death	4 mg
ATTEN	CTOR	after	90
DR	DIRE	hours	Sharen.
M	RAL	2	91

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Marie J. Schilling 4. SOCIAL SECURITY NUMBER 212-03-7725 1 M 2 M 2 M 75 YRS. 9a. FACILITY NAME (if not institution, give street and number) 9a. FACILITY NAME (if not institution, give street and number) 9a. FACILITY NAME (if not institution, give street and number) 9a. FACILITY NAME (if not institution, give street and number) 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Woodlawn 10c. CITY, TOWN OR LOCATION Md. Baltimore 10c. CITY, TOWN OR LOCATION Md. Baltimore 10d. COUNTY Md. Baltimore 10d. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 11d. MARNITAL STATUS 11 MARNITAL STATUS 11 MARNITAL STATUS 11 Never Married 2 Married 12 Married 13 Wildowed 4 Divorced 14. RACE — A Black, Whith Specify Cuban, Maxican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. KIND OF BUSINESS/INDUSTRY Mc Cormick Co.	MORS- INSIDE CITY LIMITS? YES 2 M NO COUNTRY?								
4. SOCIAL SECURITY NUMBER 212-03-7725 1 M 2 M 2 M 5 UNDER 1 YEAR F UNDER 24 HRS. 75 YRS. 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 6730 Fox Meadow Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. 10c. STREET AND NUMBER 6730 Fox Meadow Road 10c. CITY, TOWN OR LOCATION 10d. Baltimore 10c. CITY, TOWN OR LOCATION 10d. Woodlawn 10d. 10d. 10d. 10d. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT 11 Wes, specify Cuban, Maxican, Puerto Rican, etc.) 11 Wes, specify Cuban, Maxican, Puerto Rican, etc.) 11 Wes, specify Cuban, Maxican, Puerto Rican, etc.) 11 Yes, Specify: Wh	moRs- moRs- moRs- mosibe city Limits? Limits? LYES 2 15 NO								
212-03-7725 1 M 2 M 2 M 75 YRS. MONTHS DAYS HOURS MIN. NOV. 24, 1916 GETM 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. CITY, TOWN OR LOCATION OF DEATH Woodlawn PESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STREET AND NUMBER 6730 FOX Meadow Road 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 3 Widowed 4 Divorced 1 No. STATE NO. Specify: Wh	moRs- moRs- moRs- mosibe city Limits? Limits? Les 2 & No								
98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 6730 Fox Meadow Road Woodlawn PRESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. STREET AND NUMBER 6730 Fox Meadow Road 107. ZIP CODE 107. ZIP CODE 107. ZIP CODE 108. STREET AND NUMBER 6730 Fox Meadow Road 11. MARITAL STATUS 11. Never Married 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 11. YES 2 NO Specifly: 11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whispanic Specifly: 11. Was DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No-Black, Whispanic Specifly: 11. YES 2 NO Specifly: 11. YES 2 NO Specifly: 12. Was DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No-Black, Whispanic Origins) 12. Was DECENDENT OF HISPANIC ORIGIN? (Specifly Yes or No-Black, Whispanic Origins) 13. Wildowed 4 Divorced	MORS- INSIDE CITY LIMITS? YES 2 M NO COUNTRY?								
6730 Fox Meadow Road Woodlawn RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Md. Baltimore 10c. CITY, TOWN OR LOCATION Woodlawn 10d. Woodlawn 10d. 10d. STREET AND NUMBER 6730 Fox Meadow Road 10f. ZIP CODE 10f. ZIP CODE 10g. CITIZEN OF WHAT USA 11. MARITAL STATUS 11. MARITAL STATUS 11. Marited 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whispanic Origins) 14. RACE - A Black, Whispanic Origins (Specify Cuben, Maxican, Puerto Rican, etc.) 15. Was December of Hispanic Origins, Puerto Rican, etc.) 16. Whispanic Origins (Specify Cuben, Maxican, Puerto Rican, etc.) 16. Whispanic Origins (Specify Cuben, Maxican, Puerto Rican, etc.) 17. Was December of Cuben, Maxican, Puerto Rican, etc.) 18. Was December of Cuben, Maxican, Puerto Rican, etc.) 19. Willowed A Divorced	INSIDE CITY LIMITS? YES 2 1 NO COUNTRY?								
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Md. Baltimore Woodlawn 10f. ZIP CODE 10g. CITIZEN OF WHAT 21207 11. MARITAL STATUS 1 Never Married 1 Never Married 3 Widowed 4 Divorced 10c. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10f. ZIP CODE 21207 12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— If Yes, 2 No If Yes, 3 pecify Cuban, Maxican, Puerto Rican, etc.) 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes	INSIDE CITY LIMITS? YES 2 1 NO COUNTRY?								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wh	YES 2 NO								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wh	COUNTRY?								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wh									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wh	merican Indian.								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wh									
(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [McCormick Co.	etc.) Black, White, etc.								
Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) McCormick Co-									
	On NOT use retired.)								
1 2 + h. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
Michael Ebersberger Kunigunde (First, Middle, Maiden Surmame) Kunigunde Hausneus									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	207								
20a. METHOD OF DISPOSITION 1 Divided 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory) (Name of Cemetary, Grematory or Other Disposition (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (Name of Cemetary, Grematory) (
21. 90NATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300 Mace AVe.									
Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
that initiated events resulting in death) LAST d									
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 ACT									
25. WAS CASE MEFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 W YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)									
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)									
1 Netural 5 Pending Accident Investigation M 1 YES 2 NO									
OR OF OF BUILDING AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	Numoer,								
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)	29s. CERTIFIER (Check only, one) 29 (ELMEDICAL EXAMINER: On the basis of examination and/or investigation, in my column death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only Check only Check only Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	manner as stated.								
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only One) 29e. CERTIFVING PHYSICIAN: To the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(a) and manner as stated.									
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(a) and	92								

detached for use as the burial-transit permit. Pages 1, 2, 3 should

once.

5	2	Ħ
peu	Dud	led
retai	5 Sh	100
be	906	90
E E	0, p	107
Je 6	rect	Ē
P	D IE	9
leath	fune	Eex
fter o	the state	31.0
Sa	TO I	odic
100	pell	E
in 24	ly fi	=
With	plete	Pul
rted	FOOT I	5
exect	and	nat
2	cian	30
cate	Dhysi	-
entif	Dul	=
ath	ttend tal H	ō
e de	he a	3
at th	Day of	Y =
as th	pent die	le a
quire	A He	MO
W re	bee	3 8
he	has Pa	E 2
N. T	Stat	2
SICIA	Cert	6
PHY	this	Te e
SN	ther	E
END	R: A	. S
ATT	EG	22
OR.	PIB	i e
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the filed within 27 hours after death with the State Day of Heath and Mental Horizon principle or several	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
HOS	FUNE	AN
光	분	P
5	2	M

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 11-11-92 3. TIME OF DEATH Joseph Yler 4.00 11-11-9-4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🖵 M 2 🗌 F DAYS HOURS 63 YRS. 216-24-5592 2-20-29 So. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 4108 Edison Hwy 21213 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: BY Specify. 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs Long Shoreman Shipping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lanzie A. Tyler BE Vonzlla Evans 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alfred Tyler 318 Fern Park Avenue. Baltimore. MD 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 № Donation 5 □ Other (Specify) NATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Ronald S. Wade State Anatomy Board Baltimore ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Spiration Pneumonia

DUE TO (OR AS A CONSEQUENCE OF):

Multiple

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF): Onset and Death disease or condition resulting in death) Aspiration MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate 'Ulmonary Embol
OUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Thrombosis Deep Venous PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER 1 TES 2 NO se 5 🗆 Residence 6 🗀 Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 84 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined. COMPLETED 4 Homicide 29s. CERTIFIER (Check only ore) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 11

Bez

Concle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAN'S SIGNATURE

and the second of the second

THE F

223

BE

2

	3	9	
	O office	nous r	
	4	S 1, Z,	
	Dage	- raye	
	Parren	100	
SIBIR.	franci	TO IN	
DINSI	brings of	200	
Hermonis	a ac th	80 00	
מו מו פו	for 11ce	2	
III SPILL	tached	nacraco.	ce.
oh nie	he de	3	at or
Stanled	shoule		otified
ay oc s	Dane 5		be n
200	irector		mus
MALL I CO	ineral d		amine
מינושות ביו ויספור פונים מינו	w the fi	noval.	cai ex
2000	led in t	or rer	med
2000	etely fil	татіоп	nt, the
	сотрі	nal, cn	c eve
-	ian and	or to bu	aumat
	physic	ne prio	her tra
	tending	al Hygie	0r ot
	the at	d Menta	injury,
	gned by	afth an	s any
	been Si	. of He	show
	te has	ite Depi	Item 23 s
	entifical	the Sta	or ite
	er this c	th with	arked
	OR: Afte	ter deal	B is m
	THE FUNERAL DIRECTOR: After this certifi	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked, or it
	ERAL [in 72 h	TE H H
	HE FUN	ed with	DRTAN
	户	be file	IN P

92 31719 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAD VIVIAN WILLIAMSON November 1, 1992 2230 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yeer) 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🖵 F MONTHS DAYS HOURS 212 18 0888 70 11-6-1921 Maryland 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 600 E. 33 Street Baltimore nA 10e STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland na Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? East 33rd Street 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 ___Widowed 4 _ Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) COMPL Homemaker/Beautican Cosmetology 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) BE Marie Miles 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Charles Williamson Colleton Court, Baltimore, MD 21236 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Burlet 2 Crementon 3 Institute of Punerial Service Licenses/Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board mam 11/9/92 655 W.Baltimore St, Baltimore, MD 21201 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete shock, Dr heert fellure. List Dnly Dne ceuse Dn eech line. interval Batween **IMMEDIATE CAUSE (Final** Atheno Schootic Cardio Varcular Lisease Onset and Dasth disease pr condition resulting in deeth) equa DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS COPP, HBP. perph ral Vascula AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? distant 1 - YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO OTHER: 4 ☐ Nursing Home 5 Phesidence 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 C Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending M BY 1 YES 2 NO 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

NN492 My Co 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

R. MENACHEM COOPER 100 N. Broadway #330, Baltimore, MD 21231 32. REGISTRAN'S SHUMATURE

NOV 13 1992 win Sandan Ra 29d. DATE SIGNED (Month, Day, Year)

principal and the second second

ments when I worked the the

1 13 Sept 1

BALTIMORE, MARYLAND 21203-3146

AR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a rhours after death, Page 6 may be retained by the hospital or attending physician,	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made death with the State Dect. of Health and Mental Horiene prior to burial, cremation, or removal.	em 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

	rst, Middle, Lest)	Ethe1	May Wo				DEAT		2. OATE MONTH	OF DEATH	DAY	YEAR	3. TIME OF OEATH	
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs. las		IF UNDER	R 1 YEAR	ar UNDER	24 HRS.	7 DATE	OF BIRTH	7	92	4:45 p	
215-18-59	199	1 □ M 2X F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	1, Day, Year	915	Count	m nsylvania	
9a. FACILITY NAME (If no		street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF O		1, 1		UNTY OF C		
Riverview Nursing Centre						Ba.	ltimo	ore					timore	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				10c CIT	Y, TOWN I	DR LOCAT	TON						10d. INSIDE CITY	
Maryland		Baltimore		100.01								LIMITS?		
10s. STREET AND NUMBER				Baltimore 100, ZIP CODE					10a, CI	TIZEN OF	WHAT COUNTRY?			
3027 Se	cond A	venue					21234				U.S.A.			
11. MARITAL STATUS 1 Never Married 2		12. WAS OECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED NO		If yes, sp	ENDENT C	F HISPAI	n. Puerto f	i? (Specify Rican, etc.)	Yes or No—		E — American Indian, k, White, etc.	
3 XXWidowed 4 D	vorced						₹ <u>Г</u>	ароси	,			Spec	White	
15. D (Specify	ECEDENT'S EDU	PCATION completed)	16a. DE	ECEOENT'S USUAL OCCUPATION live kind of work done during most of working			KIND OF	BUSINESS/II	NOUSTRY					
Elementary/Secondary		College (1-4 or 5+)			se retired.)		01 01 010101	.8						
N/A		N/A	В	ookke	eepei	<u> </u>					rnitu	_	tores	
17. FATHER'S NAME (First,		1									fon Surname)			
Milton B.		augn						ncuff Neuhart						
19s. INFORMANT'S NAME (Type/Print) 19s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
Wayne E. Diggins (son) 3027 Second Avenue, Baltimore, MD 21234 200. DETHOD OF OISPOSITION (Name of commetters, cremetory or 200. DOCATION — City or Town. States														
20e. METHOD OF DISPOSITION 1.D Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometory, crematory or other place) Bel Air Memorial Gardens 20c. LOCATION — City or Town, State Bel Air, Maryland														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD 21236														
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellur. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Onset and Death														
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO													
resulting in deeth) L				AT WHO CASE REFERENCE TO MESON.										
PART II. Other signif) TO MEDICAL					26 PI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
PART II. Other signif	TO MEDICAL		E9/Outpetlant 1			Bi			a 🗆 ou					
PART II. Other signif 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF	INJURY	28b, TII	A D NO	raing Horr	10 8 🗆 Ri	seldence	6 ☐ Othe		W INJURY C	OCCURED		
25. WAS CASE REFERREI EXAMINER? 1 YES 2 NO 27. MANNER DE DEATH 1 Netural 5 2 Accident		1 □ Inpatient 2 □ 28a. DATE OF (Month, D) 28a. PLACE D	INJURY	28b, Til	ME OF JURY M	28c. INJ WC	NO 8 RI	seldence	28d, OES	SCRIBE HO	et and Numb		Route Number,	

31. DATE FILED (Month, Day, Year) NOV 1 3 1992 32. REGISTRAR'S SIGNATURE

9
~
8
9
×
0
BOX 6876
0
P.0
_
S
Œ
0
Ö
- RECORDS
œ
_
7
\equiv
VITAL
44
0
-
~
0
S
DIVISION
_

ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Health and Mental Hyglene prior to burial, cremation, or removal.	
nires than	signed t	Health a	
law requ	as been	ept. of	
The	ate ha	tate D.	
CIAN:	artifica	the St.	
HYSI	this ce	with t	
ING P	Wher t	eath	
TEND	OR: A	fter d	
A	5	(d)	1

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) SARAH WARNICK	2. DATE OF DEATH DAY	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HIS.	7. DATE OF BIRTH	- 92 3:00 Pu
pine	8	218-16-4316 1□M 2√2F 74 YRS. MONTHS DAYS HOURS MIN.	Nov. 22, 1	1917 Country) PA.
2, 3 should	стов	Greater Laurel Beltsville Laurel RESIDENCE OF DECEDENT	EATH	9c. COUNTY OF DEATH PrinceGeorges
Pages 1,	DIREC	100. STATE 100. COUNTY Md. PrinceGeorges 100. CITY, TOWN OR LOCATION Laurel		10d. INSIDE CITY LIMITS?
permit.	RAL C	10e. STREET AND NUMBER 10f. ZIP CODE		1 _ YES 2 _ ¥O 10g. CITIZEN OF WHAT COUNTRY?
an. Transit	FUNER	291 Red Clay Road 207		USA
(1215-0020 or attending physician. r use as the burlat-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 3 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPAN If yes, specify Cuben, Markes 1 YES 2 NO Specify Cuben, Markes 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: White
21215 al or attend for use as	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working	16b. KIND OF BUSIN	
CA 4 5	PLET	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use redired.) 1. 2 ± ln	Glenn	L. Martins
4 5 9	COMPL		ME (First, Middle, Meiden Sc	urname)
Ed by	ē ш		ie Jones	
	TO B	Elmer Warnick Jr. 2 Taxiway Balt	norte Number, City or Town,	aryland 21220
e e e		20s. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) HOLLY HILL CEMETERY11/	13/92 Ba	ATION — City or Town, State altimore Md.
ALTIM teath. Page funeral dire	24911111	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAI		
		onnetty and from		OMaceAve. 21221
n 24 hours by filled in tation, or re-	13	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RESPIRATORY ARREST DUE TO (OR AS A CONSEDUENCE OF):	h as cardiac or respira	Itory arrest, Approximate interval Between Onset and Death
	-	DUE TO (OR AS A CONSEDUENCE OF): - RESALORATION TO THE FOLLOWING		
DX 687 be executed cian and com or to burial,	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Chronic Ob-STRUCTIVE CAUSE (Disease or injury)	0.1	٨٤
O. BO. ertificate be ng physicia glene prior	FICA	CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury that initiated events	E PULMON	MRY DISEASE
· 0 5 5	CERTI	resulting in death) LAST d. A cutt 5'Epsis-		
9 5 2		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS AN AI	
The the		HYPOTHYROIDISM- HYPONUTRITION	1 _ YES 2 [COMPLETION OF CAUSE
- 0 -:		- HYPONOTRITION	-	1 TYES 2 NO
The lante has ate Deg		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	eck only one)	
CIAN the	HYS	1 VES 2 ND 1 Typetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW INJ	ILIEN OCCUREO
Zost	BY PI	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation		
TTENDI TTOR: A after d	TED :	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	261. LOCATION (Street end City or Town, State)	d Number or Rural Route Number,
B B B	PLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due	to the cause(s) and mann	er es stated.
HOSPITAL FUNERAL within 72	COMPLI	one) 2 MEDICAL EXAMINER: On the basis of examinetion and/or investigation, in my opinion, death occured at the	tima, data and place, and	due to the cause(a) and manner as stated,
TO THE HOSPITE TO THE FUNERA De filed within 7	TO BE	296. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUM D - 196	66	29d. DATE SIGNED (Month, Day, Year) 11-11-9Z
133.5	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G.A.D.E.LA.TORRE, M.D. 320 Montgomery St. La 31. DATE FILED (Month Day) J. J. J. J. J. J. J. J. J. J. J. J. J. J	ennl, Md	. 20707
- Add		NOV 1 3 1992 gula Sul STRAN AND THE STRAN		

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	r SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Deror, of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	to the mission, on ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 in	TO THE BURGAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the face and attending physician and completely filled in by the face and the state beat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SINIE OF MA	CERTIF	ICATE OF	DEATH	MENIAL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH							3. TIME OF DEATH		
	Juanita	M .	Aceve	O.F		1 1 0 C		YEAR 92 7:00 PM	
- 0	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 1 9	B. BIRTHPLACE (State or Foreign	
	457-88-8548	1 M 2 DF	43 YRS.	MONTHS DAYS	HOURS MM.	(Month, Day, Year)	749	Country)	
	Se. FACILITY NAME (If not institution, give s	treet and number)	1	95 CITY TOWN	OR LOCATION OF D		/ /	TEXAS NTY OF DEATH	
œ				J. C. 11, 1041	ON EDGATION OF D	EATH	90. 0001	NIT OF DEATH	
6	Doctor's Commu	nity Hos	<u>pital</u>	Lanh	am		Pri	nce Georges	
DIRECTOR	10s. STATE 19b. COUNT	Y	10c. Cf	TY, TOWN OR LOCA	TION			10d, INSIDE CITY	
100	MD. YRIA	UCE GEOR	GE MI	TCHEHU	ILLE			1 YES 2 NO	
	10a. STREET AND NUMBER		7		H. ZIP CODE		10s. CITI	IZEN OF WHAT COUNTRY?	
R/	3903 BISGE	CI			20721			1/64	
FUNERAL	11. MARUNE STATUS	12. WAS DECEDENT EV	VER IN U.S. ARMEN		-	NIC ORIGIN? (Specify Y	I	14. RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR	YES 2 MINO	If yes, s	pecify Cuben, Mexico	n, Puerto Rican, etc.)	ns or No.	Black, White, etc.	
B	3 Widowed 4 Divorced	IF TES, GIVE WAY	OR DATES	1 1 16	S 2 ANO Specif	y:	- 1	Specify LACK	
8	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	JSINESS/IND	DUSTRY	
	(Specify only highest grade ElementageSecondary (0-12)	College (1-4 or 5+)	IMI. DO NOT L		2				
뢰	(12)		UNE	MpLos	IED				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	Surname)		
S I	Freddie Pr	AYTON			BENIC	E CRE	FALS h	AW	
0	19a. INFORMANT'S NAME (Type/Print)	/	19b. MAILIN	ADDRESS (Street		Route Number, City or To	em Statu Zio	Codel JCHAC	
임	John Bush		1509		EWANY	1	ton 1	26,0 43408	
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE					City or Town, State	
- 1	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	m ZIO	other placa)		11/13 3	. /	mD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		ND ADDRESS OF FA	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	, [2/2/7	
	· Bette Fu	121.01			- 11 0			1 4 13	
	1		tome			ARO LIN			
	23. PART I. Enter the diseases, or o shock, or heart feilure.	complications that ca List only one cause	used the death. Do on each line.	not enter the m	ode of dying, suc	th as cardiac or resp	oiratory arr	rest, Approximate interval Between	
	IMMEDIATE CAUSE (Finei		0 -					Onset and Death	
	disease or condition resulting in death)		755						
		DUE TO (OR	AS CONSEQUENCE O	F):					
8	Sequentially list conditions,	b							
Ě	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	(F) ;				j	
[[CAUSE (Disease or injury	E	AS A CONSEQUENCE O	5 .					
Ē	that initiated events resulting in death) LAST	50E 10 (0H	AS A CONSEGUENCE O	r).				i I	
CERTIFICATION		d							
CAL	PART II. Other significent condition	s contributing to dec	eth but not resulting	in the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS	
							RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
CIAN: MEDI						YES YES	2 10	OF DEATH?	
2				-		— 1		DO TES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL	-		26 F	LACE OF DEATH (Ch	ack only one)			
ပ္က	EXAMINER? 1 YES 2 NO	HOSPITAL:	Wutnetlant 2 🗆 DOA	OTHER:					
PHYS	27. MANNER OF DEATH	26e. DATE OF INJ			ne 5 Residence	6 ☐ Other (Specify) 28d. DESCRIBE HOW	IN HIEV OC	TIPED	
	1 Natural 5 Pending	(Month, Day,)		JURY W	YES 2 NO	and begonne now	INDUNI OC	SONED	
B A	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF IN	JURY — At home, ferm,			28/ LOCATION (Street	and Number	or Rural Route Number,	
ED	4 Homicide 6 Could not be	building, etc.	(Specify)			City or Town, State)	or notal house number,	
COMPLETE	29a. CERTIFIER				1 570m - 143	V = 82			
N N	(Check only	CIAN: To the best of my							
8	LX MEDICAL EXAMINE	n: Un the beele of exami	nation end/or Investigation	on, in my opinion,	death occured at the	time, date and place, a	nd due to th	e cause(e) and manner as stated.	
<u>. </u>	296. SIGNATURE AND TITLE OF CERTIFIE	_			29c. LICENSE NUI	WBER	29d. DATE	E SIGNED (Month, Day, Year)	
	/ A A	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							
m		O.C.M.E. 11 11 1992							
m	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	NF DEATH (ITEM 27) (Type	, Print)	0.0.11	· Li •		1. 1.9.9.6	
TO BE	30. NAME AND ADDRESS OF PERSON WH						Mar		
m ∥	31. DATE FILED (Month, Day, Year)	m	111 Pa			ltimore.	Mar		
∞	AMDIX		111 Pa				Mar		

> > Approximeta interval Betwe Onset and Death

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

28 is marked, or

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2

BE COMPLETED

0

		FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENTAL HYGIEI	_	01720	
	A	1. DECEDENT'S NAME (First, Middle, Lest)	Raymond Raymon		Atkins			MONTH DAY YEAR		
		4. SOCIAL SECURITY NUMBER 214-20-9175	10620F 65	(In yes. last birthday YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)	Co.	RTHPLACE (State or Foreign unity) est Virginia	
	TOR	9a. FACILITY NAME (If not institution, give University Hospit RESIDENCE OF DECEDENT	1		imore	DEATH	9c. COUNTY O	F DEATH		
	DIRECTOR	Maryland Bali		LIMITS?				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	FUNERAL	4 Wyndam Court				101. ZIP CODE 21093			U.S.A.	
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? XXYES IF YES, GIVE WAR OR D		If y		ANIC ORIGIN? (Specify Yo can, Puerto Rican, etc.) city:	В	ACE — American Indian, lack, White White pech CMC	
	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	life. Do NOT	f work done duri use retired.)	IPATION Ing most of working Ilar Surge		al Docto			
at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Melvin	Atkins	18. MOTHER'S NAME (First, Middle, Malden Surname)				,		
e notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Julia L. Atkins	19b. MAILIP	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4 Wyndam Court, Lutherville, Maryland 21093						
r must b		20a. METHOD QE DISPOSITION 1	PLACE AND DAT netery, cremetory of reen Mo	unt Cer	netery 11	/16/92 B	ocation — city of altimore	Town, State		
examine		21. SIGNATURE OF FUNERAL SERVICE L	54	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 2121.				ryland 21212		
or other traumatic event, the medical examiner must be notified at once.		23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellury. List only one cause on each line.							Approximeta interval Betwee Onset and Dear	
traumatic en	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
, or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		consequence tatic	•	e cancer	•			
shows any injury,	MEDICAL	PART II, Other algnificant condition	na contributing to death b	out not resulting	g in the unde	riying cause given i		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO	HOSPITAL:	nations 3 1 500	OTHER:	26. PLACE OF DEATH (
marked, or item 23 shows any	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28	Home 5 Residence c. INJURY AT WORK? I YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED		
			I an				A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH			

8 Could not be

22 Cll

296. SIGNATURE AND TITLE OF CERTIFIER

Michael T. Collins

2=3

31. DATE FILED (Month, Day, Year)

3 Sulcide

4 Homicide

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Check only one)

The CERTIFIER (Check only one)

The CERTIFIER (Check only one)

The CERTIFIER (Check only one)

The CERTIFIER (Check only one)

The CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of axamination and/or Investigation, in my opinion, desth occured at the time, data and place, and due to the cause(a) and menner as started. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 13/92 pept. Med. Balto MO 225. Greenest. 32. REGISTRAR'S SIGNATURE Julia Davidson-Rondall DHMH-16 Rev 1/89

a 11 155 - 5

Amen (1974)

TALL TO THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL OF THE TALL O

TUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builat-transit permit. Pages 1, 2, 3 should not death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	20
90,	within
(687	practifad
ô	2
.O. B	certificate
ď.	death
ŏ	the
E C	that
RECO	rachining
	36
TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING DUVCICIAN: The faw remises that the death certificate he executed within 2s
/ISION	ATTENIONS!
	Commence
	- 14

日本の日本

	1 - STATE OF N	IARYLAND / DEPAI CERTIF	RTMENT OF I		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) AMOS Harry HAR	RY KEECH AL	MOS	10.7	2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTN	92 8. BIRT	NPLACE (State or Foreign		
	218-12-3292 18M2DF	86 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	nnsylvania		
	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF D		9c. COUNTY OF			
2	Manor Care Towson		Tows			Balti	more		
g l	RESIDENCE OF DECEDENT	Jest a Hetroe			4-4	parit			
DIRECTOR	100. STATE 10b. COUNTY Baltimor		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS7		
		e		on, Md		1 TYES 2 NO			
FUNERAL	100. STREET AND NUMBER		10	f. ZIP CODE	21204	1204 10g. CITIZEN OF WHAT COUNTRYS			
밀	509 E. Joppa Rd. 11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. ARMED							
BY FU		☐ YES 2 NO	If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	Bla	No- 14. RACE — American Indian, Black, White, etc. Specify: White		
	18. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	Work done during m	ON on a working	16b. KIND OF BUS	INESS/INDUSTRY			
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +		ise retired.)	ost or working					
를	8	Pain	ter		Paintin	ng			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Maiden S	Surname)			
BE	Charles A. Amos			Theada	te Estelle	Keech			
٥	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town		m 01004		
	Olive L. Amos				., Jarretts				
	20s. METNOD OF DISPOSITION 1X0 Burlel 2 Cremation 3 Removal from State	of cemetary, cremator	y or other place)	N (Name	11/10 Faw	CATION — City or 1	rown, State , PA 17321		
	4 Donation 5 Other (Specify)	- Fawn Ceme	22. NAME A	ND ADDRESS OF F			n Mortuary,		
100	· Charles TBank	***			St., Stewar				
	23. PART I. Enter the diseases, or complications the		not antar the m	ode of dying, suc	ch as cardiac or respir	ratory srrest,	Approximata		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	tastati	Pros	tote	Caner		Interval Between Onset and Death		
	DUE TO	(OR AS A CONSEQUENCE	11:00				2		
Z	Sequentially list conditions, b. Ken	At Muly	4/10181	47			D week		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUENCE	0				7		
윤	CAUSE (Disease or Injury	(OR AS A CONSEQUENCE (OF):						
Ē	that initiated events resulting in death) LAST	,							
핑	d								
¥	PART II. Other significent conditions contributing to		In the underlyle	ng cause given in	Part I. 24a. WAS AN . PERFOR	24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO			
ă	Dementivo	,			1 YES 2	N HO	OF DEATH?		
١			_				1 TYES 2 NO		
ä					-0.				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	in a filtration of the	OTHER:	PLACE OF DEATH (C					
¥	1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 26a. DATE OF	■ ER/Outpatient 3 □ DOA INJURY 28b. Til		me 5 Residence	e Other (Specify) 28d, DE\$CRIBE NOW II	LILIBY OCCUPED			
	1 Netural 5 Pending (Month, D	ley, Year) IN	JURY W	ORK? YES 2 NO	284, DESCRIBE NOW II	WORT OCCURED			
B	2 Accident Investigation 3 Suicide Could not be 28e. PLACE O	F INJURY — At home, farm,			28f. LOCATION (Street a	and Number or Rura	I Route Number,		
ᇣ	4 Homicide s Could not be building,	atc. (Specify)	10		City or Town, State)				
9	296. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of	my knowledge death seem	med at the time, do	a and aloue and de	to the security and man				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of a						o(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NU	1		D (Marth, Day, Year)		
TO BE	Joseph / Le	dams 1	no	1) 35	783 (1/3)	11/9	92		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (TYPE TYSI USI	1	ve Sui	te 206 7	anson 1	nn 2/204		
8		BIS SIGNATURE							
	NOV 10 1336 14								

nc.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 Frank Altman 11 4:45 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 88 12/25/1903 RUSSTA 14 M 2 | F HOURS 215-01-5581 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Se COUNTY OF DEATH DIRECTOR Johns Hopkins Hospital Baltimore 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY LIMITS? MARYLAND 1 NYES 2 NO permit. 10g, CITIZEN OF WHAT COUNTRY? USA FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 21.209 6320 GREENSPRING AVE., APT. 105 bunial-transit hours after death. Page 6 may be retained by the hospital or attending physician, 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was assetty Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. **MARYLAND 21215-0020** If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Por College (1-4 or 5+) WHOLESALE PAPER OWNER detached 17. FATHER'S NAME (First, Middle, Last) SARAH T. T. CHTENSTEIN DAVID ALTMAN 8 BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. TOBA ALTMAN 6320 GREENSPRING AVE., APT. 105 BALTO., MD 21209 BALTIMORE, pe | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | October 1985 | Octo 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 11/13/92 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. BALTO., MD 21215 6010 REISTERTOWN RD. been signed by the attending physician and completely filled in by the nt. of Health and Mental Hyglene prior to burial, cremation, or removal, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) a. CARDIAC ARRYTMIA

DUE TO (OR AS A CONSEDUENCE OF): event, ATHOROSCURDOTE CARRIOVASCULAR OLSTANT traumetic CERTIFICATION Sequentially list conditions, DUE JO (OR AS A CONSEQUENCE OF): if any, leading to immediate The law requires that the death certificate be DUE TO (OR AS A CONSEDUENCE OF): cause. Enter UNDERLYING PREGINDIND CAUSE (Disease or injury that initiated events resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO shows eny COMPLETION OF CAUSE OF DEATH? 1 NES 2 NO 1 TES 2 NO has be. Dept. c PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER 1 TYES 2 NO 1 Inpatient 2 FR/Outpatient 3 I DOA 6 HOSPITAL OR ATTENDING PHYSICIF 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO 4:00P 11 11 1992 TO THE FUNERAL DIRECTOR, After A be fied within 72 hours after death IMPORTANT: 41-116m 28 is man BY 2 Accident Subject robbed & accault
281. LOCATION (Street and Number or Plural Route Number,
City or Town, State) 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide on street 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 __MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 里里 Ochre 223 2 ESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE Margarita 111 Penn Street, Baltimore, Maryland 31. DATE FILEO (Month, Day, Year) NOV 16 1992

ed

_	1	STATE REGISTRAR	STATE OF N					EALTH AN		AL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Lest) SHERRELLE					BRO	NWC	2. DAT MOR 1 1			3. TIME OF DEATH 2 10:14 P
	9)	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	8. AGE (In yrs.	last birthday) YRS.	IF UNDER 1		IF UNDER 24 H HOURS M	(0.40	E OF BIRTH rith, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
3 should		9a. FACILITY NAME (If not institution, give st		a.()				R LOCATION O		3/0	9c. COUNTY	OF DEATH
1. 2,	2	936 N.CASTLE RESIDENCE OF DECEDENT 104. STATE 105. COUNTY	STREET					MORE	CITY		<u> </u>	
permit. Pages		md.	rd.				LOCATI	ON				10d. INSIDE CITY LIMITS? YES 2 NO
sit perm	12	10e. STREET AND NUMBER				1	101.	ZIP CODE			10g. CITIZEN	N OF WHAT COUNTRY?
burial-transit perm	- 11	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	YES 2		H	yes, spe	cify Cuben, M	exican, Puert	ilN? (Specify Yes o Rican, etc.)	or No — 14	. RACE — American Indian, Black, White, etc.
å á		3 Widowed 4 Divorced 15. DECEDENT'S EDUC	- CONTRACTOR		DECEDENT'S			7	Specify:	Sb. KIND OF BUS	1	Vegra
£ 1		(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of the Do NOT us	work done du				se, KIND OF BUT	SINESS/INDUS	in p
at once.	- 11	17. FATHER'S NAME (First, Middle, Last)				790	7	18. MOTHER	S NAME (First	, Middle, Maiden	Sumame)	4
page 1	o II	19a. INFORMANT'S NAME (Type/Print)	nown	T	19b. MAJLING	ADDRESS ((Street an	HCs nd Number or F	Purel Route Nu	mbed City or Tow	n, State, Zip Co	7/4-S
be n		TELEN BL	own	205 01 44	CEANDDATE	7 3	MA	fora	14/2	- fr	BA	pr. md
irector, pa		Burial 2 Cremation 3 Remo			crematon-		CA	me or	1	TE 20c. LO	CATION City	or Town, State
n by the funeral director, removal.	H .	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Home	٠	22. N	AME AN	D ADDRESS C	PACHTY	1:-		
attending physician and completely filled in by th rital Hygiene prior to burlal. cremation, or remover, or other traumatic event, the medical CERTIFICATION	NO INCIDENTAL	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO		WOU SEQUENCE O	P): P):	P	Custos				Interval Betwee
en signed by the of Health and Me hows any injur	MEDIONE	PART II. Other significant conditions	contributing to	death but no	ot resulting	in the und	leriying	cause give	n in Part I.	24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
e has be to Dept.	. 11	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE DE DEATH	I (Check only	one)	•	
vith the State Dept.		EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			OTHER:	ng Home	5 🗆 Reside	nce 8 STON	her (Specify) g	36 N.	CASTLE ST.
fler this cleath with marked,	- 18	1 Netural 5 Pending 2 Accident Investigation	28e. DATE DF 11-10	1992	10:	05MP	28c. INJU WOF 1 Y	IRY AT RK? ES 2. XWC		BJECT		REO
after de 28 is		3 Saicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At etc. (Specify)					Ch	y or Town, State)		Rural Route Number,
hours a hours a MIT I Itom 2		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHY			, death occum		na, date a		f due to the c	ause(s) end mer	mer as stated.	E STREET
BE CO		29b. SIGNATURE AND TITLE OF CENTIFIER	1/0.11	1	(/		\neg	29c. LICENSE	NUMBER	ersu piace, an	29d. DATE S	IGNED (Month, Day, Year)
¥ 10	, III	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (TEM 27) (Type	, Print)		O.C.N	1.E.		11	-11-1992
		HAYDNUA D. WORLD		11		n St	ree	et, Ba	altim	ore, N	Maryl	and 21201
		NOV 1 6 1992 4	he Deineson	A-Matrice								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 1.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	THEGIOTIFAT								HEG.				
	1. DECEDENT'S NAME (First, Middle, Last)	DODCMETED				2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In urs. lead birthdays) E HARDER 1 VEAR ACCUMENTS 24 MINE. 7							6:50 A M				
		1 M 2 F	6. AGE (In yrs. la:	ot birthday)	IF UNDER 1	DAYS	HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	216-03-2905 9a. FACILITY NAME (If not institution, give si				9b. CITY, TOWN OR LOCATION		D I OCATIO	W OF OF	12/11/		Marylan 9c. COUNTY OF DEATH		
۳ ا			TC CM					M OF UE	AIR	-			
5	G. B. M. C. 6701 N RESIDENCE OF DECEDENT		LS ST.		TOWSON					B	ALTI	TORE	
DIRECTOR	MD. 10b. COUNTY BALTIMORE				r, town of T	WS				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
4	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF WH					
BY FUNERAL	1103 IVYWOOD LANE				21204			USA			A		
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	ARMED 13. WAS DECENDENT OF HISPANII NO If yes, specify Cuben, Mexican,			IC ORIGIN? (Specify	Yes or No-	14. RACE Black.	- American Indian, White, etc.			
⋒	1 Never Married Married 3 Divorced	IF YES, GIVÊ V	YES 2	1 YES XXX NO Specify:					Specify				
	15. DECEDENT'S EDUC	CATION	WWTT 16a. DE	CEDENT'S USUAL OCCUPATION 16b, KIND OF 1				BUSINESS/II	NOUSTRY	WILLE			
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(0	Give kind of work done during most of working le. Do NOT use retired.)				TOUR KIND OF BUSINESS/INDUSTRY					
린		4							Western Electric			ric	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Audi						E (First, Middle, Meiden Surname)			
BE (Joseph Borgmeie:	r			Anna								
5	190. INFORMANT'S NAME (Type/Print) Mildred Pines	Borgmeie	r 19	b. MAILING . 103wo	ADORESS (Street ar Lan	nd Number (or Rural F	son Md 2	Town, State, 2 1.204	Zip Code)		
	20s. METHOD OF DISPOSITION 1/S/Burlal 2 Cremation 3 Remo	and door State	20b. PLACE	AND DATE O	OF DISPOSITION (Name of DATE 20c. LC				LOCATION -	OCATION — City or Town, Stata			
	4 Donation 8 Other (Specify)	Holy Redeemer 11				11/18 B	11/18 Baltimore, Maryland						
1	21. SIGNATURIE OF FUNERAL SERVICE LIC	Pa /Ko	. oll		22. N	AME AN	D ADDRES		ell-Wied	. £ . 1 J	Ilomo		
	Dennis Stepher	n Xenakis	M00640)	65	00.3						nd 21212	
	23. PART I. Enter the diseases, or c shock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau ELE	CCTROME	CHAN	IICA				CIATIO		irrest,	Approximats interval Between Onset and Death	
,	COMPLETE READY DIOCK												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate												
<u>გ</u>	CAUSE (Disease or Injury		ITE MI										
발	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF):								
#	Total and a death CAST	l											
ا <u>ل</u> ے	PART ii. Other significent conditions	contributing to	death but not i	esuiting i	n the und	erlying	ceuse g	iven in i	Part i. 24a. WAS	AN AUTOPS		WERE AUTOPSY FINDINGS	
EDICAL										FORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE	
W											- 1	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DE	ATH (Che	ck only one)				
₹S	1 YES 2 NO	1 Inpatient 2			4 - Nursin	ng Home		Idence	8 Other (Specify)				
man 57	27. MANNER OF CEATH	28s. DATE OF (Month, D		286. TIME INJU	JRY 2	6c. INJU	RK?		28d, DESCRIBE HO	W INJURY O	CCURED		
	1 Netural 5 Pending	2 Accident Investigation			M 1 YES 2 NO			NO					
	2 Cadalda	28a PLACE O	F INJURY — At he	me form o	tract factor	ome, farm, street, factory, office							
à		28a. PLACE O building,	F INJURY — At he etc. (Specify)	me, farm, s	treet, factor	y, offica			281. LOCATION (Str. City or Town, St	et and Numb ate)	er or Rural Ro	ute Number,	
à	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	Dullding,	etc. (Specify) my knowledge, de	ath occurre	d at the tim	e, data a	and place,		City or Town, S	menner as st	eted.		
E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DAN: To the best of	etc. (Specify) my knowledge, de	ath occurre	d at the tim	e, data a	and place,	d at the t	City or Town, S. to the cause(s) and	menner as st	eted. the cause(s)	and menner as stated.	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DAN: To the best of	etc. (Specify) my knowledge, de	ath occurre	d at the tim	e, data a	and place,	d at the t	City or Town, S. to the cause(s) and	menner as st	eted. the cause(s)		
E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of a:	my knowledge, de camination and/or	eth occurre	d at the tim n, in my opi	nion, de	and place, eath occure 29c. LICEN	d at the t	City or Town, S. to the cause(s) and	menner as st , and due to	eted. the cause(s)	and menner as stated. Month, Day, Year) 5 9 2	



2 6 6

.

and the latest and the

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH		3. TIME OF DEATH			
	REGINÁLD HENE	RY BROWN				1 1 O	9 199				
	017 00 5000	2.1.7 C.O. E. 2.0.0									
		217-00-3200 NM 20 30 YRS. 8-19-1956									
œ	Sa. FACILITY NAME (If not institution, give street	t and number)	9b. C	ITY, TOWN	R LOCATION OF DI	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	1124 Ashland C	ity									
3EC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCA	ION			10d, INSIDE CITY			
ä	MD		BALT	BALTIMORE				LIMITS?			
M	10a. STREET AND NUMBER			10	. ZIP CODE		_	OF WHAT COUNTRY?			
FUNERAL	1124 ASHLAND AVE	FLOOR				US	A _				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO TES	If yes, sp		NIC ORIGIN? (Specify York, Puerto Rican, etc.) y:	1	14. RACE — American Indian, Black, White, etc. Specify: BLACK				
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION (moleted)	16a. DECEDENT'S USUAI (Give kind of work do			16b, KIND OF B	JSINESS/INDUSTI				
E		College (1-4 or 5+)	ille. Do NOT use retire	d.)	st or wonang						
COMPLETED											
BE CO	17. FATHER'S NAME (First, Middle, Last) CHARLES H. BROW	IN JR.		18. MOTHER'S NAME (First, Middle, Melden Surname) GLADYS WRIGHT							
TO B	190. INFORMANT'S NAME (Type/Print) CHARLES H. BROWN	JR.				Route Number, City or To					
	90a/ METHOD OF DISPOSITION A Burial 2 Cremation 3 Removal	I from Stary 1990	PLACE AND DATE OF DISI				OCATION — City (or Town, State			
	4 Donatton 5 Other (Specify)										
	(Phone A	Homps	n Je	43	00 WH	BASH		AL HOME ALTO. MD			
	23. PAM I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	STAB W	the death. Do not entich line. CONSEQUENCE OF):			h as cardiac or res	piratory arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other aignificant conditions of	contributing to death be	it not resulting in the	underlyln	cause alven in	Part I 24- une 4	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
BY PHYSICIAN: MEDICAL					, cade given in	PERFO	RMED?	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND			
¥	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)					
Sic		OSPITAL:	itient 3 DOA 4 DOA		e 5 R-Residence	8 Other (Specify)					
ᇎ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ		28d. DESCRIBE HOW	INJURY OCCURE	D			
₹	1 Natural 5 Pending 2 Accident Investigation	159119100	20 Eorna	1 🗆	ES 2 NO	Subjec	ct Cut				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci		lactory, offic		281. LOCATION (Street City or Town, State	9)				
			Home				iland (Court			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL CONTROLL EXAMINER: C							use(s) and manner as stated.			
	296) SIGNATURE AND TITLE OF CENTIFIER	O/ \	1	_	29c. LICENSE NUI			NED (Month, Day, Year)			
BE	MAP 46	(LATI)	7		O.C.M			10/1992			
2	30. NAME AND ADDRESS OF PENSON WHO	OMPLETED GAUSE OF DE	TH (ITEM 27) (Type, Print)		3.3.11		1 44/	-0/2002			
	MAKED F. GOV 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	211 Penn	Stre	et, Bal	timore,	Maryla	and 21201			
	NOV 1 6 1992	Lulia Davidson	30.06								
		7 6 40 100 1000 1000									

3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 h

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Fonds

his Devidson

32. REGISTRAR'S SIGNATURE

3640

31. DATE FILEO (Month, Day, Year)

NOV 1 6 1992

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

	once.
	Ħ
	er must be notified at once.
	pe
	must
	the medical examiner m
or remove	medical
MOU!	the
, ciento	event,
TO TO TOTAL	, or item 23 shows any injury, or other traumatic event, ti
חומום חומות	other t
5	5
O MICHIGA	Injury,
an dire	any
100	hows
Jehr.	23 8
ממוב ו	item
nie nie	10
MILE	rked

92 31729 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MILDRED EVELYN BROWN 35 11 12 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 6. BIRTNPLACE (State or Foreign Country) (Month, Day, Year) 9-11-1922 213-20-9951 1 M 2 F 70 MD 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN SINAI HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3810 COPLEY ROAD 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married It yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: ВУ Specify. 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES SMITH BE MARIE HAWKINS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ROYSTON BROWN 3810 COPLEY RD. BALTO, MD 20s. METHOD OF DISPOSITION
1/12 Burlel 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State GARRISON FOREST VET. CEM. 11-18+92 OWINGS MILLS. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARCH FUNERAL HOME-WEST 4300 WABASH AVE. BALTO. 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 8 hours vardio Nulm reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Ver whilmin CAUSE (Disesse or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATN? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: **EXAMINER?** 1 TYES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 5 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) and manner ee stated. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 11-14-92 20 15 1-10 9

Bult

F go an 60.

1

MOV J. G. resul

DHMH-16 Flov 1/89

REG. NO.

1 - FOR STATE REGISTRAR

_
-
75
3
-
∞
40
_
×
BOX
0
m
P.0
٧.
0
Builton
S
0
C
=
O
RECOF
$\mathbf{\mathcal{O}}$
ш
~
ш.
A
_
_
-
4
0
7
IVISION
0
\simeq
10
97
-
=

3. TIME OF DEATH SOLO A INTHIPLACE (State or Foreign DUNTY) Maryland OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? 2d States LACE — American Indian, Black, White, etc. Specify: White
Maryland Maryland F DEATH 10d. INSIDE CITY LIMITS? 1V YES 2 NO OF WHAT COUNTRY? 2d States LACE — American Indian, Black, White, etc. Specify: White
Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryla
10d. INSIDE CITY LIMITS? 1 Y YES 2 \(\) NO OF WHAT COUNTRY? 2d States LACE — American Indian, Black, White, etc. Country: White
10d. INSIDE CITY LIMITS? 1 YES 2 NO DF WHAT COUNTRY? 2 States LACE — American Indian, Specify: White
LIMITS? 1 YES 2 NO DE WHAT COUNTRY? ed States LACE — American Indian, Black, White, etc. Specify: White
LIMITS? 1 YES 2 NO DE WHAT COUNTRY? ed States LACE — American Indian, Black, White, etc. Specify: White
LIMITS? 1 YES 2 NO DE WHAT COUNTRY? ed States LACE — American Indian, Black, White, etc. Specify: White
of What COUNTRY? ed States LACE — American Indian, Black, White, etc. White
ed States LACE — American Indian, Black, White, etc. White
ACE — American Indian, Back, White, etc. Specify: White
ACE — American Indian, Back, White, etc. Specify: White
White
TV .
)
21206
ZIZUO r Town, State
ore, Md.
eral Chape
lto Md.2
Approximate
interval Between
Onset and Death
ì
İ
i
24b. WERE AUTOPSY FINDINGS
MAILABLE PRIOR TO COMPLETION OF CAUSE
OF DEATH?
1 YES 2 NO
0
)
D oral Floure Number,
ral Route Number,
ral Floute Number, se(s) and manner as stated. NED (Month, Day, Year)
se(s) and manner as stated. NED (Month, Day, Year)
se(s) and manner as stated. NED (Month, Day, Year)
se(s) and manner as stated. NED (Month, Day, Year)
ral Floute Number, se(s) and manner as stated. NED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

O. BOX 68760. RECORDS. DIVISION OF VITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PM NOV IDA LANDRICK BERRY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F 95 YRS. 214-40-4564A Aug 20 1897 New York permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burlal-transit 2038 Druid Hill Avenue 21217 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY be detached for Elementary/Secondary (0-12) College (1-4 or 5+) College Counselor Balto Public School Sys 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at George E. Landrick BE Mary page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nina Shipley 2038 Druid Hill Ave. Baltimore, MD 21217 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata OATE must n and completely filled in by the funeral director, p to burlal, cremation, or removal. Arbutus Memoria1 11/16 Baltimore Co. MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc Baltimore, MD 21216 2501 Gwynns Falls Parkway examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Redia natho medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart feilure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in deeth) DRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremail event. DUE TO (OR AS A CONSEQUENCE OF): respiratory traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST injury, or PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 100 Dehvara PERFORMED? shows any 1 TYES 2 NO estinal stroun 1 TES 2 NO Dewoit has by Dept. PHYSICIAN: US. CLNS 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 26. PLACE OF DEATH (Check only one) item certificate h EXAMINER? OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) Inpetient 2 - ER/Outpetlant 3 - DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b, TIME OF INJURY 26c. INJURY AT WORK? marked, 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -COMPLETED 6 Could not be 4 Homicide 28 detarmined Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. THE HOSPITAL C THE FUNERAL D filed within 72 ho MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER
LEONA C. WILL D41365 Wick II POVIL 1992 BE 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type George E. WICKS III M.D. lberty

32. REGISTRAR'S SIGNATURE

256197 ADA

CIAN: The law requires that the death certificate be	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	he State Dept. of Health and Mental Hygiene prior	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygie	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumat

92 31732 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR 1992 Anne Nov Roots 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 ☐ M 2 🔯 F 70 YRS. 215-16-1025 1922 Jul 16 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2921 Woodland Avenue Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2921 Woodland Avenue 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Social Worker Urban Services 17. FATHER'S NAME (First Mickella Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Caleb Shockley Rose Scutter BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3813 Garrison Blvd. 21215 Bernadette Wilson Baltimore, MD 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Arbutus Memorial Park 11/16 | Baltimore Co., MD 4 Donation | 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final Ulcer disease disesse or condition resulting in death) pephe DUE TO (OR AS A CONSEQUENCE OF) Arterioscieromo hegit disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING redarthnts CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 910-PUlmonan PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 246. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 N Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b, TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One)

One 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE medical doctor 20115 12 92 111 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OHIOKPELAIIMD ZGOOLIBERTY HATS HVE BAIL IND ZIZIS

4 32 REGISTRAR'S SCHAFURE

a a special

.30

Approximate

interval Between

Onset and Death

AM

RE, MARYLAND 21215-0020

1 -

BALTIMO	4
=	9
\leq	ž
\equiv	Ц
т.	£
7	2
~	-
ш	E S
	7
	5
	<u>,</u> ₫
	2
_	-5
O	ŧ
9	3
-	2
00	7
9	ě
×	83
0	å
\simeq	9
	G
	#
O	ě
o`.	- 6
	Te de
in	e
~	0
_	=
Œ	1
0	=
Ō	Se
iii	3
~	00
ш	>
_	7
d	60
	F
_	-
>	Z
LL.	2
$\overline{}$	83
0	T
7	cn
$\overline{}$	ž
\simeq	9
S	ü
-	5
>	N.
\overline{a}	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6.
	K
	9
	Ğ
	-
	붗
	-

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Trow YEAR rice 10 25 92 5. SEX B. BIRTHPLACE (State or Foreign 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HIRS. 1 M 2 M F DAYS HOURS YRS DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. FACILITY NAME (# 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The of E DIRECTOR TIMARO 10a. STATE 10b. COUNTY 10c. CITY, JOWN OR LOCATION 10d. INSIDE CITY LIMITS? na uma 1 TYES 2 NO FUNERAL 10e, STREET AND NUMBER Inns of Eyergreen N/H 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12 we may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noecify Cuban, Mexican, P 1 Never Married 2 Married 1 YES 2 NO Specify BY 3 @ Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRO Elementary/Secondary (0-12) College (1-4 or 5 +) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 must be 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State 4 Donatton 5 Other (Specify) in state removal medical examiner 21_BIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Ronald Wade, Dir 11/12/92 655W.BaltimoreSt,Balto,MD 21201 #3. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the diseese or condition event, resulting in death) DUE TO (OR AS A CE WENCE OF shows any injury, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CO EQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO nt 2 - ER/Outpetient 3 - DOA 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 🗂 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 | Ho TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT; If Item 2 29a. CERTIFIER 1 F CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and man TILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Mn 10/26/96 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) R # Keisfers form

eman

32. REGISTRAR'S SIGNATURE

nien-Rucus

en

31. DANOV 1 6 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

89v W T :

RE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is cartificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Irial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 6	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mema Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumati	

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) C. A.A.	Delph	ive		us	Noun	OF DEATH	7 199	7.2	1:55 M	
		□ M 2 1 6	rs. lest birthdey) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MHN. OR LOCATION OF D	2-9	OF BIRTH (th, Day, Year) 9-1930		No Ca	CE (State or Foreign arolina	
DIRECTOR	HARFORD MEM	. 1 11	tal	1.1	DE GR			9c. COUNTY	R F		
		Maryland Cecil County Rising Sun									
FUNERAL	PO Box 273 55 Louise Ct 21911 US										
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGINAL IN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF							s or No- 14	Black, Wh	American Indian, hite, etc. Thite	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 12 +	TION 16 Tollogo (1-4 or 5 +)	e. DECEDENT'S (Give kind of life. Do NOT u		ON est of working	M	arylan	siness/indus d Stat Dept/C			
	17. FATHER'S NAME (First, Middle, Last) Grover Cleveland	Hoffman Sr			18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)			
O BE	19a. INFORMANT'S NAME (Type/Print)	norrman, sr.	19b. MAILING	ADDRESS (Street a	Phobe (Route Num	ber, City or Tow	n, State, Zip Co	ode)		
F	Sandra Didra 200. METHOD OF DISPOSITION	200.00			POBox 2					21911	
	1 Durial 2 Cremation 3 Remove 4 Constign During Other (Specify)	I from Stata cemeter	y, crematory or o			OAT		CATION City			
	21 SIGNATURE OF FUNERAL SERVICE LICEN	/	le, Dir //10//92		altimore					rđ	
	28. PART I. Enter the diseases, or conshock, or heert fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	EXTENDED TO (OR AS A CO	line.							Approximata Interval Between Onset and Daath	
TION	Sequentially list conditions, if any, leading to immediate b. SEPS IS DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE O	F):							
MEDICAL C	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. THIOMROCYTOPENIA CANCER OF CIERVIX 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 N										
NN: M		or class				_			1 🗆	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL:	nt 3 🗆 DOA	OTHER:	ACE OF OEATH (Ch						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. INJ				NJURY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide determined	Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building stc. /Snack/u							Rural Route	Number,	
COMPLETED		N: To the best of my knowledg							tuse(e) and	manner as stated.	
TO BE	296. SIGNATURE OF CERTIFIER	M.D			D318			29d. DATE SI	GNED (Mon	th, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO C	M.D.	(ITEM 27) (Type,	Print) SRASS	MILL	RI	D #	B BE	CAN	PMBIT	
	NOV 16 1992	32, REGISTRAR'S SIGNATU	RE								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recent ceath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) NIL DRED	-44	,	2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF	12 19	3. TIME OF DEATH			
	220-30-4652	□ M 2 🔀 F	n yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 10-05-15			
TOR	98. FACILITY NAME (If not institution, give stree Western Maryland Center RESIDENCE OF DECEDENT			Hagersto	own, MD	ATH	9c. COUNTY		
- DIRECTOR	Maryland Carrol 10e. Street and Number	Maryland Carroll County S						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2149 Tulsa Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				21784 ENDENT OF HISPAN	U.	S.A. RACE — American Indian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		n, Puerto Ricen, atc.)	No.	Black, White, atc. Specify: White	
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	A A SAME TO A SAME A COLOR OF THE SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME				18b. KIND OF BU		'RY	
COM	12 17. FATHER'S NAME (First, Middle, Last)		HOIR	emaker	0.	ME (First, Middle, Malden	,		
TO BE	William Benr		110		nd Number or Rural F	a Strickli	n, State, Zip Coo		
	Mr. Walter E. Band 20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetten 3 Remove	20b.	PLACE OF DISPOS	SITION (Name of cer	netery, crematory or	sville, MD		or Town, State	
	4 Donation 5 Other (Specify)	. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAM						e, Maryland	
	2000	Haigh		Syke	sville,	AL HOME (MD 21784 (410)-7	95-1400	
	23. PART i. Enter the diseases, or cor shock, or heart failure. Lie iMMEDIATE CAUSE (Finei disease or condition resulting in death)		ach ilne.					interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of the Charles Renal Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Francis Fra	in the underlying	n the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DATE 1 1						
SICIAI		HOSPITAL:	atlant 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT DRK?	28d. DESCRIBE HOW	NJURY OCCUR	IED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,			28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
COMPLETED	(Orlock Orly)	AN: To the best of my know				31134 = 334.4.4.1		auso(a) and manner as stated.	
TO BE C	2012 SIGNATURE AND TITLIPYS CERTIFIER JU. L. POT. Cit.	yn cul	n m	49	29c. LICENSE NU	29d. OATE \$	IGNEO (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO FE U. PO/2 31. QATE FILED (Mogrit, Cary, Year)	COMPLETED CAUSE OF DE	LA	HACOE	125 TO	UNSYLU	ANI'A ARYL	AU 5 21742	
	NUV 16 1992 %	si Bining for	Ant Pill				4	j	

pli)

permit. Prop. 1, 2, 3 should

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	R	EG. NO.		
- 8	1. DECEDENT'S NAME (First, Middle, Lest) DOPOTHY J. CONT DO	92	3. TIME OF DEATH 4/12Am					
		PROTHY J. CA AGE (In yrs. lest birthdey) 57 yrs.	7. DATE OF E (Month, De	WRITH X. Year) 3/34	Counti	IPLACE (State or Foreign ry) Yland		
Œ	9a. FACILITY NAME (If not institution, give atreet and number) Howard County General Hosp		ob. city, town	OR LOCATION OF OEA		9c. C0	vard	
5	RESIDENCE OF DECEDENT) T Ca I	COTUIIL) Ta		not	varu	
IR.	10a, STATE 10b, COUNTY		TOWN OR LOCA	TION	-			10d. INSIDE CITY LIMITS?
	Maryland Howard	Lau		f. ZIP CODE		1 100 0	TITEN OF Y	1 TYES 2 X NO
NERA	10091 Washington Blvd., #1		2		_ 1	JSA	WHAT COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Narried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAR	VER IN U.S. ARMED YES /2 A NO I OR DATES	II yes, s	DENDENT OF HISPANI Decity Cuban, Mexican B X NO Specify:	, Puerto Rican	pecify Yee or No— i, atc.)	14. RACI Black Speci	E — American Indian, k, Whita, etc. My: White
8	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATI rk done during m retired.)	ON ost of working	16b. KIN	D OF BUSINESS/I	NDUSTRY	WITTE
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	School B		PG	County E	Bus S	vstem	
Ö	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	E (First, Middle	, Meiden Surname,		
BE (Howard Schoonover			Margare				
5	190. INFORMANT'S NAME (Type/Print) Douglas Carr	19b. MAILING A	X 798.	Laurel, N	Oute Number, C		Zip Code)	
	20e. METHOD OF DISPOSITION 1	Laurel	- City or To	wn, State				
ļ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	NO ADDRESS OF FACE K Funeraa	LITY	. I		
	20 WY Dies	N =		. Sandy Sp			urel.	MD 20707
	23. PART i. Enter the diseases, or complications that canock, or haert failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metas- Due to (or	ausad the deeth. Do no on each line.					erreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
8	PART II. Other algnificant conditions contributing to de	and had not a sale a la						1
DICAL	pulmonary throm			g ceuse given in P		PERFORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
M	chronic obstruct			diseuse	_ 10	YES 2 TO		OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF OEATH (Chec	k only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPUTAL: 1 The interior 2 E		OTHER:	ne 5 🗆 Rasidence 8	☐ Other (Spi	acity)		
BY PH	27. MANNER OF DEATH 1 Actual 5 Pending 2 Accident Investigation		RY WO	URY AT ORK? YES 2 NO	26d. DESCRIE	DE HOW INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	NJURY — At home, ferm, str L (Specify)	eet, factory, offic	•	261. LOCATION City or Tox	N (Street and Numb wn, State)	er or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basic of exam							and manner se stated.
TO BE 0	29b. SIGNATURE AND TITLE, OF CERTIFIER	longo m	D	D324	182_	29d. 0/	IL C	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE LYNN D. ALONS O			ORTH D	R, CC	LUMB	IA,	ND, 21045
	NOV 1 6 1992						-	

--- VAR

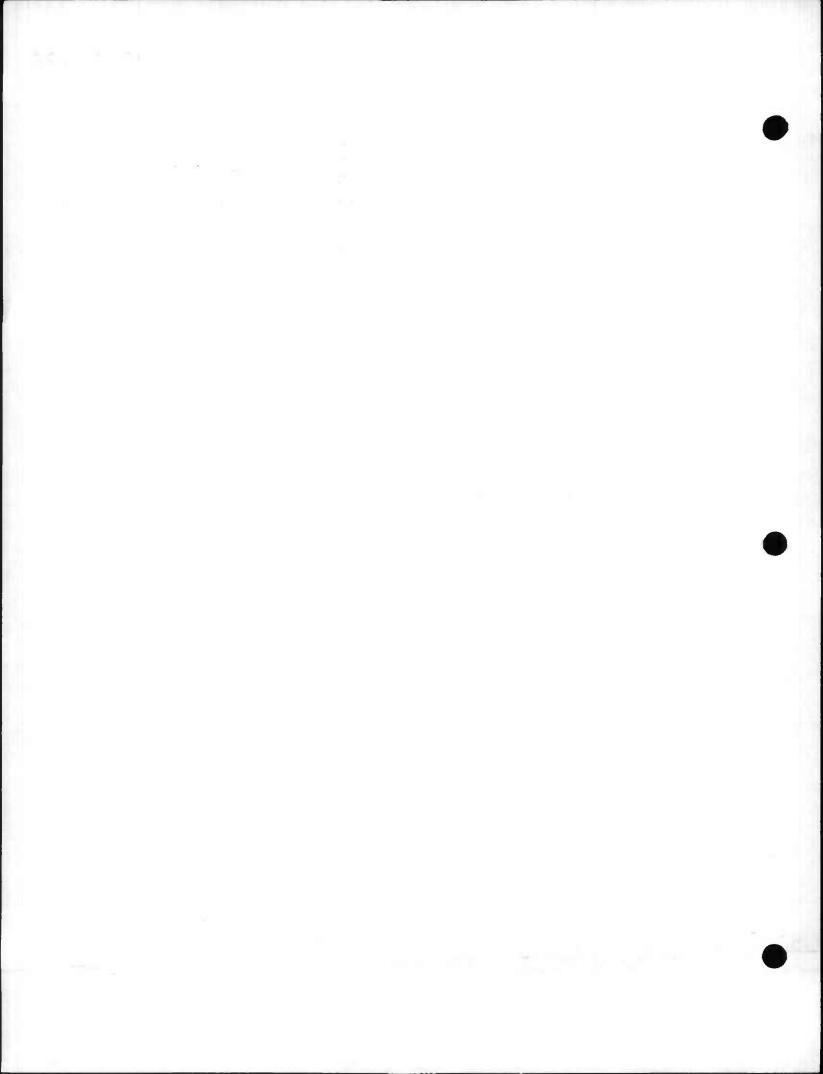
0
10
•
-
687
~
~
10
•
~
_
\sim
800
_
Ö
0
0
-
en.
40
(1)
TAL RECORDS, F
-
(1
-
ш.
_
U
13
\sim
ш
_
Comme
-
_
_
_
45
-
_
-
September 1
0.0
-
Ö
\sim
_
-
_
-
ā
ō
ō
Ö
SIO
SIO
ISIO
ISIO
VISIO
VISIO
IVISIO
DIVISION
DIVISION

ATTENDING BLACKFLAN. The less requires that the death certificate he executed within 24 hours ofter death. Done & may be referred by the bounding of execution abacteria.	ECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	s after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	n 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING DHYS	THE FUNERAL DIRECTOR, After this	The filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	E ,	. 01101	
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	MILDRED C. C	OOPER				NOV. 13			
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. B	HRTHPLACE (State or Foreign	
	217 22 0407	1 □ M 2 1 65	M ² X ^F 65 YRS. Apr 20 1927 M						
œ	9a. FACILITY NAME (If not institution, give etre 5123 WESTLAND BOUI	,	98	L CITY, TOWN (R LOCATION OF D	EATH	9c. COUNTY		
5	RESIDENCE OF DECEDENT	EVARD					BALTI	MORE	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION		-	10d. INSIDE CITY LIMITS?	
		timore	Ва	1timor	9			1 ☐ YES 2XX NO	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
NE	5123 Westland Bot					7	USA		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	city Cuban, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 YES	2 XNO Specif	y:		Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	N st of working	16b. KIND OF BUS	INESS/INDUST	RY				
Ë	Elementary/Secondary (0-12)	Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)							
MP	H.S.Grad 17. FATHER'S NAME (First, Middle, Last)		Cashie	r			Cross	of MD	
ö	Philip SPERLEIN					ME (First, Middle, Maiden S HARGADON	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)			State Zio Cod	n)				
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Arthur I. Cooper 5123 Westland Blvd, Baltimore, MD 212								
	20e. METHOD OF DISPOSITION 1								
	4 Donation 5 Other (Specify)	Met	ro Crema	tory		11-16 Balt	imore,	MD	
- 1	21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.								
	Mew Smh	M						MD. 21229	
CERTIFICATION	23. PART i. Enter the diseases, pr co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		28 g There		interval Between				
PHYSICIAN: MEDICAL CE	PART II. Other aignificant conditions (Me	Breas	PERFORI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
i C		HOSPITAL:		THER:	ACE OF DEATH (Ch				
HYS	1 YES 2 AND	1 Inpatient 2 ER/Output 28e. DATE OF INJURY	fent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA			8 Other (Specify) 28d. DESCRIBE HOW IN	IIIBY OCCUBE	0	
	1 Aretural 5 Pending	(Month, Day, Year)	INJURY	wo	RK7 ES 2 NO	Total Begoing How In			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specify	At home, farm, atree	et, factory, offic					
COMPLETED		AN: To the best of my knowled On the beste of examination						use(e) end manner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CENTIMER	Mek	of MA	9	DO GE	MBER 93	29d. DATE SIG	INED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	/			TIT A \$7 TO A 11 TO	TE CATIONOUT		21222	
	J. DATE FILED (Month, Day, Year)	N J. MCKAY -		UNWEAL	IH AVENU	E-CATUNSVII	LLE, MI	J. Z1ZZ8	
3	NOV 16 1992	ALLE DISTRICTS SIGNA	alberge.						

~
0
ВОХ
m
-
_
()
0
•
Δ.
Ś
CO
0,
\cap
_
~
RECORDS,
\circ
10
0
ш
_
ITAL
_
d
-
_
-
OF V
ш.
_
7
SION
0
\sim
10
44
_
2
=/
-
ED 1
P .
100

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)	RG-ARET	- CHA	MBER	es	2. DATE OF DEATH MONTH	1992	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-10-9672	1 - M 2 5 F	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7-19 B	BIRTHPLACE (State or Foreign Country) altimore, Md.	
TOR	98. FACILITY NAME (If not institution, give s Fa Ston G RESIDENCE OF DECEDENT	treet and number) HOSPI	tal	96. CITY, TOWN	STON	MD	9c. COUNTY	OF DEATH ARFORD	
DIRECTOR	Md.	Harford	10c. CITY,	TOWN DR LOCA	Falls	ton		10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER 110.4 11. MARITAL STATUS	Sturbridge 12. WAS DECEDENT EVER II			1, ZIP CODE 210		U	S.A.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	NO SATINED NO NATES	if yes, sp	DENDEN! OF HISPANI Hecity Cuben, Mexican 3 2 NO Specify:	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: USA		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Me. Do NOT use	ork done during mo retired.)	ON ost of working	16b. KIND OF BU	ISINESS/INDUST	RY	
E COMPL	8 VIS. 17. FATHER'S NAME (First, Middle, Last) H(oward Do	<u>House</u> novan	wire	Home F (First, Middle, Meider Martha	Sherr	ick		
TO BI	196. INFORMANT'S NAME (Type/Print) Mr. Herbert L. Chambers 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1104 Sturbridge Rd. Fallston, Md. 21047								
	20a. METHOD OF DISPOSITION MEMORIAN SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY	oval from State	PLACEANDDATEO	emorial	Gardens ND ADDRESS OF FAC	11-13-92		ston, Md. Funeral Home	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF) A CONSEQUENCE OF)	•	J				
MEDICAL	du	a contributing to death b	out not resulting in	the underlyin	g cause given in F	art I. 24a, WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 ND	
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Heg	HOSPITAL:		OTHER:	LACE DF DEATH (Chec				
ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	EO	
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, st cify)	reet, factory, offic		281. LOCATION (Street City or Town, State	end Number or F)	lural Route Number,	
COMPLET	ana)	CIAN: To the best of my know R: On the basis of examination						use(a) and manner as stated	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI		ATH (ITEM 27) (I	Delne)	29c. LICENSE NUMI			GNEO (Month, Day, Year)	
	31. DATE FILEO (Month, Day, Year)		118 1 Bel	tire F	2/				
	NOV 16 1992	grina Davidso	W- Waller						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	FRTIFICATE	0	E DEAT	THE .		DE0 110

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND		GIENE 3. NO.	22 31103	
	1. DECEDENT'S NAME (First, Middle, Lest) FLORENCE		AVNA			2. DATE OF DE. MONTH 10-29	ATH DAY	3. TIME OF DEATH 5:50P	
	4. SOCIAL SECURITY NUMBER 212 03 2385	1 DM 2 F	(In yrs. last birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR	TH 6	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9e. FACILITY NAME (If not institution, give street and number) Meridian Caton Manor Wilkens Ave BESIDENCE OF DECEDENT 9e. COUNTY OF DECEDENT 9c. COUNTY OF DECEDENT 9c. COUNTY OF DECEDENT								
- DIRECTOR	Maryland 106. COUNT	na na	10c. CIT	Y, TOWN OR LOCA Baltin				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL		venue		16	2122	3	10g. CITIZE	N OF WHAT COUNTRY? USA	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 🖾 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES				CENDENT OF HISP pecify Cuben, Mexi S 2 NO Spec	ANIC ORIGIN? (Specien, Puerto Rican, a cify:	Ify Yea or No— 14	I. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u.	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND (F BUSINESS/INDUS	1211	
BE COM	17. FATHER'S NAME (First, Middle, Last) Clarence William Bowen 16. MOTHER'S Agnes						Bourke		
7	19a. INFORMANT'S NAME (Type/Print) Albert Granger,	Jr	19b. MAILING 2144	ADDRESS (Street Wilken)	and Number or Rura S Avenue	A Route Number, City :, Baltim	or Town, State, Zip Co	21223	
	20a. METNOD OF DISPOSITION 1	noval from State Cel	b. PLACE AND DATE metery, crematory or o	ther place)			Dc. LOCATION — Cit	y or Town, State	
	Somuel 10	Monald Wa	1-10-92	655 W	ND ADDRESS OF F	Sta re St, B	altimore	my Board , MD 21201	
4	23 PART I. Entar the diseasea, Dr shock, or heart failura. IMMEDIATE CAUSE (Final	complications that cause List only one cause on a	d the death. Do reach line.	not entar tha mo	oda of dyling, au	ch as cardiac pr	reapiratory arrea	t, Approximata Interval Between Onset and Daath	
	disease or condition resulting in death)	aDUE TO (OR AS	Cevelo A CONSEQUENCE OF	Nazu	lar o	lisease			
TION	Sequantially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE DF):								
AL	PART II. Other algorificant condition Hyperten	na contributing to death to	but not resulting i	n tha underlyin	g cause given in	PE	AS AN AUTOPSY REFORMED? ES 2 \(\superpressure \) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDIC	Decerbitu	s Ulcers				-		1 TYES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA	OTHER:	ACE OF DEATN (C	heck only one) 6 Other (Specify	A.		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 26c. INJ		_	IOW INJURY OCCUR	ED	
8	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY building, atc. (Spe-	f — At home, ferm, a	traat, factory, offic	•	261. LOCATION (S City or Town,	treet and Number or (State)	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the besis of exemination	riedga, death occurre on end/or investigation	d at the time, deta n, in my opinion, d	and place, and du	e to the cause(s) en	d menner ea stated, ce, and due to the c	suse(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIES Kanal	Dyalos)		29c. LICENSE NU	1-	29d. DATE SI	GNED (Month, Day, Year)	
2	DR DYAL 4801	DORSEY HALL					Suite	201B	
	31. DATE FILED (Month, Oay, Year) NOV 1 6 1992	32. REGISTRAR'S SIGN	ATURE						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH 3. TI				3. TIME OF DEATH			
	Keith	77	. Cu	reton						MONTH DAY YEAR 11 7 92			44
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	9		PLACE (State or Foreign
	218-56-22	21	1 ☑ M 2 □ F	39	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country	y)
	9e. FACILITY NAME (If not in		reet end number)	39		9b. CITY	TOWN	OR LOCATION	ON OF DE	9 10 5		Mary NTY OF DI	<u>land</u>
Œ	Seton Hill Manor Nursing Ho									AIT!	sc. 000	NIT OF DI	EATH
K I	RESIDENCE OF DEC	EDENT	or Nurs	sing H	ome	Ra	1t1	mor	e			_	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCA	TION					10d. INSIDE CITY
ā	Maryland				Ba	ltim	ore						LIMITS?
4	10e. STREET AND NUMBER							. ZIP CODI	E		10g. CITI	ZEN OF W	HAT COUNTRY?
ᇤ	3801 Bonn	er Ro	ad					2121	16			US	A
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED					IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
BY	1 Never Married 2 3 Widowed 4 DiDivo		IF YES, GIVE	MAR OR DATES	X			2 X NO		n, Puerto Ricen, etc.)			, White, etc. 9: Black
													DIACK
COMPLETED	(Specify only	EDENT'S EDUC highest grade	completed)		DECEDENT'S (Give kind of life. Do NOT u	Work done	CCUPATION	ON ost of working	ıg	16b. KIND OF BUS	SINESS/IND	USTRY	
2	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	hauf								
N	17. FATHER'S NAME (First, Mi	iddle Leet)			naur	·CI		40. 44000	10010 414				
	Howard Cu								cah	ME (First, Middle, Maiden Jones	Sumeme)		
BE	190. INFORMANT'S NAME (7)				195 MAILING	ADDRESS	(Street a			Toute Number, City or Town	Otata Zia	0-4-1	
2	Gwendolvn	M11 1 1	on							Ve Balt			
	20e. METHOD OF DISPOSITI	ON			EAND DATE				חדד	DATE 200 LO	CATION	City or To	aryland
	15 Burial 2 Crematio 4 Donation 5 Other	n 3 🗌 Remo (Specify)	oval from State	cemetery, o	a Mer	ther place)			_ 1	1/13/92 Ran	2-11		rro Ma
	21. SIGNATURE OF FUNERAL			1711	o Mei			ND ADDRES	BS OF FAC				
- 1	> dou	A	ani			1.0	rov	Наз	rrie	F/H D31	N .	GIT	mor St. Md 21217
	22 DADT I Enter the di	1/"											Md ZIZI7
	23. PART I. Enter the di ahock, or he	eart failure. I	List only one car	use on each li	daath. Do i ne.	iot enter	tna mo	ae or ayı	ng, auch	an cardiac or reapi	retory arr	eat,	Approximate Interval Between
1	iMMEDIATE CAUSE (Fin disease or condition		A		1.					0.			Onset and Death
	resulting in death)	→ ,	ACG	weld	mu	nun	ade	100	ency	Syna	ron	1	year
-	a. Acquied Immunadeficiency Syndrome years Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
8	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	h										
E	that initiated events		DUE TO	(OR AS A CONS	EOUENCE O	F):							
ER	resulting in death) LAST		l										
	PART II. Other significan	nt condition	contributing to	death but no	t resulting	in the un	derlying	Cause C	ilven in i	Part I. 24a, WAS AN	ALIMOREV	245	WERE AUTOPSY FINDINGS
MEDICAL	dee	eliti					a only mi	y ondere 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED										1 YES 2	NO		OF DEATH?
-													1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					20 01	ACE OF O	PATH (Ob-	ck only one)			
PHYSICIAN	EXAMINER?		HOSPITAL:	EB/Output and	2 204	ОТНЕР	:						
Ĭ	27. MANNER OF DEATH		28e. OATE OF		28b. TIM	-	28c. INJ		sidence (8 Other (Specify) 28d. DESCRIBE HOW IF	LIURY OCC	TIPEO	
		Pending	(Month, D	Pay, Year)		URY	WO	RK? ES 2	NO	Edd. DEGOTIOE FOR II	WONI OCC	ONEO	
BY	2 Deutste	nvestigation Could not be	28e. PLACE O	F INJURY — At	home, ferm, i	treet, facto			-	28f. LOCATION (Street e	nd Number	or Rumil Ro	oute Number
<u> </u>		letermined	building,	etc. (Specify)						City or Town, State)			
빚	290. CERTIFIER 1 CERTI	FYING PHYSIC	IAN: To the best of	my knowledne	death occurs	ed et the ti	me dete	and place	and due t	to the cause(e) end man			
COMPLETED										time, date and place, en			and manner as stated
	296. SIGNATURE AND TITLE		/ 1	10.	- 1								
띪	name or section of one harder 111 Per	OF CENTIEURS		1/ 1/ 1	141		- 1		NSE NUM		29d. DATE	SIGNED	(Month, Day, Year)
		OF CERTIFIER	1200	um	AND				32	I SX I	1	1111	93
	30, NAME AND ADDRESS OF		Buch	SE OF DEATH 47	FM 27) (5m-	Drint1			32	128	> {	([11]	92
	30. NAME AND ADDRESS OF	PERSON WHO	COMPUTED CAU	SE OF DEATH (IT			C+				F 1	(11)	92 MD 21201
TO B	Jyotin	Parik	computed cause	821 N			st				fini	1111	92 MD 2120/
	30. NAME AND ADDRESS OF Tyotin 31. DATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	Parik	computed cause	SE OF DEATH (IT			st,				fini	1/11	92 MD 2120/

011.0 60

de la Ve

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH		3. TIME OF DEATH	
	AMELED R.	DiRUSCIO				November 7	1995AR	10:30 au	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) III	UNDER 1 YEAR		7. DATE OF BIRTH		HPLACE (State or Foreign	
	216-03-6520	1 X M 2 □ F		ONTHS DAYS	HOURS MIN.	09-04-1909	Coun	yland	
	Sa. FACILITY NAME (If not institution, gir	ve street end number)	96	b. CITY, TOWN C	R LOCATION OF DEA	TH	9c. COUNTY OF	DEATH	
DIRECTOR	1709 Northbourne	Road		Baltin	nore City				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COU								
100		NIT		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	Maryland		Balt	imore				1 🖺 YES 2 🗌 NO	
M	10e. STREET AND NUMBER			7.0	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	1709 Northbour	ne Road			21239		U.S.A		
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. XAMED		ENDENT OF HISPANIC	ORIGIN? (Specify Yes		E — American Indian, ck, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:	Poerio riicari, etc.)	Spe	clfv:	
				1				white	
E	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	18e. DECEDENT'S US (Give kind of work	done during mo		16b. KIND OF BUSH	NESS/INDUSTRY		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	,				i i	
COMPLETED	12 years	4 years	Engineer			Tool an	d Dye		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden S	urname)		
H	Ercole DiRus	Clo			Concett	a Virzilli			
P P	19a. INFORMANT'S NAME (Type/Print)					ute Number, City or Town,			
-	Flora C. DiRusc	io (wife)	1709 N	orthbou	ırne Road	, Baltimor	e, MD 2	1239	
	20a. METHOD OF DISPOSITION 1∑ Burial 2 ☐ Cremation 3 ☐ R.	amoval from State	. PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c. LOCA	ATION — City or T	City or Town, State	
Dulaney Valley Mem. Gdn's. 11/10 Timonium. Marvl									
1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE ()		22. NAME AN	D ADDRESS OF FACI				
	Thomas Jos					d, Baltimo		27 27 2	
	23. PART I. Enter the diseeses, o		d the death. Do not					Approximate	
	shock, or heart failur	re. List only one ceuse on a	each line.		ao a aying, aaan	or ourding or respire	itory orrest,	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition		00°	(fl	18.11	()	Onset and Death	
	resulting in death)	resulting in death)							
		QUE TO LORAS A CONSEQUENCE OF							
O	Sequentially list conditions,								
A	If any, leading to immediate cause. Enter UNDERLYING	A-5 14	11/0-	Ora	MI	-		i I	
윤	CAUSE (Disease or injury that initiated events	OUE TO OR AS	A CONSEQUENCE OF:	1	. , , , ,	1			
CERTIFICATION	resulting in death) LAST	Adl	- an	wil	uluk	nepay	1		
S		d. / 100					6		
AL	PART II. Other aignificant condit	iona contributing to death b	out not resulting in t	he underlying	cause given in P	ert i. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS	
						_ 1 _ YES 2	NO I	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
Ä							70	OF DEATH?	
-						-			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	k only one)			
Sic	EXAMINER?	11 Invalient 2 ER/Out		THER:	5 Paritimos 6	Other (Specify)			
Ŧ	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY/AT	28d. DESCRIBE HOW IN.	IURY OCCURED		
	Natural 5 Pending	(Month, Day, Year)	INJUR		RK?				
BÁ	2 / Sulalida	28e. PLACE OF INJURY	/ — At home, ferm, stre-			28f. LOCATION (Street an	d Number or Rumi	Poute Number	
	4 Homicide Could not (building, etc. (Spe	cify)			City or Town, State)			
3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Fural Houte Number, City or Town, State) 292. CERTIFIER (Check only one) 293. CERTIFIER (Check only one) 294. CERTIFIER (Check only one) 295. LOCATION (Street and Number or Fural Houte Number, City or Town, State)									
႘၂			an endor investigation, i	n my opinion, a	eath occured at the til	me, date and place, end	due to the cause(s) and manner as stated.	
띪	A DO	In the las	7)	1	29c. LICENSE NUMB	ER //	29d. DATE SIGNE	0 (Month, Day, Year)	
2	A VURPIVV	VVVVES /	7		2010	140	<u> </u>		
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)			In	adhaix	
	DON MO W.	NINZE	UNN 3	089	JER6	REEN 1	WE 5	ALTINIAG	
	NOV 1 6 199	32. REGISTRAR'S SIGN	ATURE CONTRACTOR	9					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pack within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

	. 2
	PC
50,	within
687	avacutad
č	4
.O. B	certificate
S, P	death
Q	the
OR	that
REC(radulinac
AL	AND AL
FVIT	SICIAN T
0	PHV
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING DHVCICIAN: The law requires that the death carrifors he executed within 24 ho
0	S
-	_

	1. DECEDENT'S NAME (First, Middle, Last)			-	2. DATE	OF DEATH	WAY	YEAR	3. TIME OF OEATH	
	CONCETTA SANTIN	A DI	ELLA	ROSE	11	1.3	9	2	7.59P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les		UNDER 1 YEAR			OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	220 05 7127 10 M2 AF 71	YRS.	THE DAYS	HOURS MIN.	8	Dey, Year)	21	Country	Untry) 5A.	
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOW	OR LOCATION OF D	EATH		9c. COU	NTY OF DE	ATH	
5	Fallston General Hospital Fallston Harford									
	10a. STATE 10b. COUNTY	10c CITY TO	TOWN OR LOCATION						40.4 MINIST OUTV	
FUNERAL DIRE	MO HARFORD		DPI						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER			IOF. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
F F	803 FALCONER NO		71085					USA		
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 1	MED	13. WAS 0	ECENDENT OF HISPA specify Cuban, Mexic	NIC ORIGIN	? (Specify Ye	a or No—	14. RACE	American Indian, White, atc.	
6	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES			ES 2 X NO Specif		rount, att.,		Specif		
	^	OFOFNITIO MAIN						•	WHILE	
-	(Specify only highest grade completed) (G	CEDENT'S USU ive kind of work Do NOT use ret	done durina :	nost of working	166.	KIND OF BU	SINESS/IND	USTRY		
COMPLEIED	Elementary/Secondary (0-12) N/A College (1-4 or 5 +) N/A	Pres	120		(Clothi	ng Ma	anufa	cturer	
5	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, A	liddle, Maiden	Sumame)			
I I	Anthony DiBartolomeo			Giovan	nina	Freli	tta			
5	19a. INFORMANT'S NAME (Type/Print)	b. MAILING ADD	RESS (Stree	t and Number or Rural	Route Numb	er, City or Tow	rn, State, Zip	Code)		
		803 Fa.	Lcone	r Rd., Jo	ppa,	MD 2	1085			
	20s. METHOO OF DISPOSITION ALX Buriel 2 Cremation 3 Removal from State 20b. PLACE/ cametery, cre	AND DATE OF DE	SPOSITION (Name of	DATE		CATION —			
	4 Denetion 5 Other (Specify) MOST 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Holy Re		er Cem.	11/1	7 Bal	timor	e, M	aryland	
	21. SIGNAL DAE OF FUNERAL SERVICE LICENSEE		Sch	and address of fa imunek Fu	wury neral	Home	e In			
	Alllett		970.	Belair	Rd.	Balti	more.	MD	21236	
	23. PART I. Enter the disease, or complications that caused the de ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEC	l.							Approximate Interval Between Onset and Death	
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUENCE OF):								
	PART II. Other algnificant conditions contributing to death but not r	eaulting in th	a undarly	ng cause given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS	
	HYPERTENSION					PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	DIABETES MELLITU	2						1	OF DEATH? 1 YES 2 NO	
	SIP ADRTIC VALUE	REP	LAC	TWE ME						
SICIOIS.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26.	PLACE OF DEATH (Ch	neck only one)				
5	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3		HER: Nursing Ho	me 5 🗆 Residence	6 🗆 Other	(Specify)				
	27. MANNER OF OEATH 1 Nstural 5 Pending 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		NJURY AT YORK?	28d. OES	CRIBE HOW I	NJURY OCC	URED	ط بدد . 2 5	
	2 Accident Investigation 1113012	845		YES 2 NO	27.4 6	200		*		
	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At ho building, atc. (Specify)	lice	281. LOCA City o	TION (Street in Town, State)	and Number	or Rural Ro	oute Number,			
	RTIFK	T152			Fa	LL>5	40	M	21047	
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de									
	MEDICAL EXAMINER: On the basis of examination and/or i	investigation, in	my opinion.	death occured at the	time, data	and place, an	d dua to th	a Cause(a)	and manner as stated.	
	29b. SIGNATURE AND TITLE CERTIFIER			29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
	Gunsulm o	ME		D21	800		▶ 1	1-14	92 .	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM									
	GPRABH MD 180 BER	AIR	120	#102 F	ALL	TOR	3 F	10	21047.	
	31. DATE FILEO (Month, Day, Year) NOV 1 6 1992 Suite Dayson Francisco									
	110. [0									

DHMH-16 Rev 1/89

	FOR
١.	STATE
-	REGISTRAR

	1 - STATE REGISTRAR	STATE OF MAR		ICATE OF		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Philip A Dennis		PHILIP A.	DENNIS		2. DATE OF DEATH MONTH DAY NO V 09	, ye	3. TIME OF DEATH 2. 06:15 A M		
0	4. SOCIAL SECURITY NUMBER 213 -32-6007	5. SEX 6. A	MGE (In yrs. lest birthday) 58 YRS.	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-28-34	8.6	PIRTHPLACE (State or Foreign Country)		
NC.	9a. FACILITY NAME (If not institution, give st Greater Laurel Be			96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION					
FUNERAL DIRECTOR	Maryland Howar		100	essup				10d. INSIDE CITY LIMITS? YES 2 NO		
VERA	8295 Route 1			10	20794		10g. CITIZEN	OF WHAT COUNTRY?		
B₹	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XX Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR D	YES 2XXND	If yes, s	cendent of Hispa pecify Cuben, Mexico 3 2 XNO Specific	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us Mainter	vork done during m le retired.)	ON ost of working	Family				
	17. FATHER'S NAME (First, Middle, Last) Walter R. Dennis					AME (First, Middle, Melden S Fisher	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	-			and Number or Rural	Route Number, City or Town,	State, Zip Cod	le)		
F	Mary Keplinger				t., Jess					
	X M Burial 2 Cremation 3 Remo		206. PLACE AND DATES COMPLETY (Cremetory OLO) Meddowr 1 do	ge ^{pla} Memor	ial Park	11/12 Bal	timore	e, MD		
9	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Fleck		Home, Inc.		MD 20707		
	23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	on each line.	not enter the mo	ode of dying, suc	th as cardiac or respin	atory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	DUE TO (OR AS A ODNSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A ODNSEQUENCE OF): 13 days DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
ICAL C	PART II. Other significant conditions		th but not resulting			Part i. 24a. WAS AN A PERFORM	WTOPSY MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE		
: MED						1 _ YES 2 }	NO	OF DEATH?		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER:	LACE OF DEATH (CH					
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJU (Month, Day, Ye	RY 26b TIM	E OF 28c. IN.	JURY AT DRIK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURE	ED .		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, a			261. LOCATION (Street an City or Town, State)	nd Number or Ri	ural Route Number,		
COMPLETED						to the cause(e) and mann		use(s) and manner as stated.		
H	7-011	may mis	>		29c. LICENSE NUI	MBER 3260	29d. DATE SIG	MED (Month, Day, Year)		
유	Jenny May, MD	14333 Lau	rel-Bowie F		7 Laure	1 MD 2070	08			
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21203-3146	* Yours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached by the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the death certificate be executed within 24 vours after death. Page 6 may be retained by the hospital or attending physician.	LECUTA: After this certificate has been signed by the attending physician and completely filled in by the items finer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	ATE OF DEATH	l P	REG. NO.	
i	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF		3. TIME OF DEATH
1	HELEN M.	LEIN	DUNCAN			11, 1992	12:10 P M
ij	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (in yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 6	RS. 7. DATE OF I	BIRTH 8.1	BIRTHPLACE (State or Foreign
	141-12-2407	1 □ M 2 🔀 F	69 YRS.				COUNTY JERSEY
5		HIGHWAY	#409	OCEAN CITY		9c. COUNTY WOR	OF DEATH CESTER
5	RESIDENCE OF DECEDENT		1				
Dinecto	MD. 100. STATE 100. COUNTY	GOMERY	1000	OWN OR LOCATION I THERSBURG			10d. INSIDE CITY LIMITS? 1 YES 2 TO NO
2	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	7919 WARFIELD	ROAD		208	82	USA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EV FORCES? 1 € 1 IF YES, GIVE WAR (YES 2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, N 1 ☐ YES 2 ☑ NO	lexicen, Puerto Rice	n, atc.)	RACE — American Indien, Black, White, etc. Specify: WHITE
	3 Widowed 4 Divorced	1945-194	-6				MULTE
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIP	NO OF BUSINESS/INDUST	TRY
ij	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use n	etired.)			
	12	3	NURSE			HOSPITAL	
3	17. FATHER'S NAME (First, Middle, Last)				LEN BLA		
4	POWELL LEIN 19e. INFORMANT'S NAME (Type/Print)		400 11411 1110 44				
2	SUSAN FLAHER	·TΥ		AS # 10	nural Houte Number,	Jny or lown, State, 210 Coo	70)
ı	20a. METHOD OF DISPOSITION			ON (Name of cemetery, cremato	0/ 0/	20c. LOCATION — City	or Town State
ı	1) Burial 2 Cremation 3 Rem-	oval from State	CHELTENHAM	VETERANS CEM	ETERY	CHELTENH	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS MURIEL H.	OF FACILITY DE	IINERAL HOM	E 20882
	Murief &	1- Bar	her				NSVILLE, MD.
	23. PART I Lenter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause	used the death. Do not on each line.		, auch as cardiec	or reapiratory arreat	Approximata interval Batwaen Onset and Death
į	resulting in death)	OUE TO (OR	AS A CONSEQUENCE OF):				1 7 - 1
Ę	Sequentially list conditions,	D					
ייייייייייייייייייייייייייייייייייייייי	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF):				
	CAUSE (Disease or injury that initiated evants	DUE TO (OR	AS A CONSEQUENCE OF):				
	resulting in death) LAST	d					
2	PART ii. Other aignificant condition	s contributing to dea	ith but not resulting in	the underlying cause give	en in Part i. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
5	SMOKE					PERFORMED?	AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH?
							1 TYES 2 NO
PRISICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	To	26. PLACE OF DEAT	TH (Check only one)		
2	1 TYES 2 NO	1 Inpatient 2 ER	/Outpatient 3 DOA 4	☐ Nursing Home 5 🕅 Resid			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJI (Month, Day, Y	URY 26b. TIME (bar) INJUR	28c. INJURY AT WORK? M 1 YES 2 N		IBE NOW INJURY OCCUR	ÆD
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, etc.	JURY — At home, ferm, stre (Specify)	et, fectory, office		ON (Street and Number or I fown, State)	Rurai Route Number,
	204 CERTIFIER						
COMPLE	(Check only			nt the time, date end piece, end in my opinion, death occured			euse(e) and manner ee stated.
4	296. SIGNATURE AND TITLE OF CERTIFIE	w	202-11	29c. LICENS D 2	E NUMBER		IGNEO (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WH			int)			
ļ	DR. RAYMOND BASS			WHEATON, MD	. 20906		
	NOV 16 1992	32?REGISTRAR'S	signatures				

BOX 68760,	
9	
~	
00	
õ	
_	
×	
~	
U	
m	
_	
~	3
0	
_ •	
α,	
. P.O.	
10	٠
~	
or	
=	
OF VITAL RECORDS,	
()	
_	
ш	
m	
_1	
7	
-	
⊨	1
	4
>	- 3
	-
Ц.,	-
\circ	- 1
_	- 1
=	3
0	
=	- 3
ISION	1
ω,	н
	1
-	4
0.	5
- 4	c
100	3
	-1

31. DATE FILEO (Month, Day, Year)
NOV 16 1992

32. REGISTRAR'S SIGNATURE

13	REGISTRAR 1. DECEDENT'S NAME (First	Middle Last	_		CERTIF	ICAT	E OF	DEA	<u> </u>	0.00	REG. NO.		-	
	Helen	Lou	ise		Dunn						TE OF DEATH	, 199	YEAR	3. TIME OF DEATH 5:30 P
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In)	rs. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	_	E OF BIRTH			IPLACE (State or Foreign
	578 07 93		1 🗌 M 2 💢 F		83 YRS. MONTHS		DAYS	HOURS	MIN.	Au	g . 13,1	1909 Country Wash		Wash.,Do
ECTOR	90. FACILITY NAME (# not in Arcola Ma				ton	ON OF DE	ATH			ntgo	eath Omery			
E	RESIDENCE OF DEC	10c CIT	Y, TOWN	OR LOCAT	TAON!						Say waren env			
DIR	Maryland	Мо	ntgome	сy		heat	con							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	901 Arcol	a Av	е.				101	208	-					MHAT COUNTRY? I States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Mildowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 ND Specify: C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sective C Sec								
E	15. OEC	EDENT'S EDUC	ATION	16	Sa. DECEDENT'S	USUAL O	CCUPATIO	ON		10	6b. KIND OF BUS	INESS/IND	USTRY	
PLET	Elementary/Secondary (0	l-12)	College (1-4 or 5	+)	(Give kind of the Do NOT us	se retired.)			ng		Depar	tmer	nt S	Store
OMPL	17. FATHER'S NAME (First, M							16. MOT	HER'S NAI	ME (First	, Middle, Maiden	Sumame)		
BE C	Frank A. Kenyon Laura Koenig									771011				
5	III 19a INFORMANT'S NAME (SuperDried)									ing, Md.				
	20x METHOD OF DISPOSITI	n 3 🗆 Remo	val from State		ACE AND DATE				Par			CATION —		- 500
	4 Donation 6 Other		Meec								19 5 23-	Fal	lls	Church,
	21. SIGNATURE OF FUNERAL SERVICE VICENSEE 22. NAME AND ADDRESS OF FACILITY I Ves - Pearson Funeral Homes Arlington, Va. 22201													
	23. PART I sheet the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Disease or condition resulting in death) a. August Lessure Hypro Celebrated Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
8														
MEDICAL	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY FINI ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO 1 YES 2 NO									AWAILABLE PRIOR TO COMPLETION OF CAU				
SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	ACE OF D	EATH (Ch	rck only	One)			
SIC	EXAMINER? 1 ☐ YES 2 € 100		HOSPITAL:	ER/Outpatie	ent 3 □ DO4	OTHE	R:							
主	27. MANNER OF OEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ		sidence		ner (Specify) ESCRIBE HOW IN	IJURY OC	URED	
ВУ Р		Pending Investigation	(Month, Day, Year) IN:				WO	RK? /ES 2	□ NO				3	
	3 Suicide 6	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, tarm,						•		261, LC	CATION (Street a. y or Town, State)	nd Number	or Rural F	Route Number,
PLET			IAN: To the best of											
2	² C MEDI	CVAMINEL	. On the pesis of 8	AMERICAN APPROPRIES	nuror investigatio	n, in my	opinion, d	eath occur	red at the	time, da	te and place, and	due to th	e cause(s) and menner as state
COMPL	795 SHENKTING AND THE	OR CERTIFICATI							_					
BE CON	296. SIGNATURE AND TITLE	OF CENTRAL		0				29c. LICI	ENSE NUM	BER		29d. DATI	E SIGNEO	(Month, Day, Year)

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 WISION OF VITAL RECORDS, P.O. BOX 68760,

HE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First Middle, Last) Beatrice	Anna	Donow	ay		2. DATE OF DEATH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218-16-7024	1 □ M 2 □X 6	8 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 8,	1924	Md
~	9a. FACILITY NAME (If not institution, give s				R LOCATION OF D		9c. COUNT	Y OF DEATH
DIRECTOR	PENINSULA REGION	AL MEDICAL (CENTER	SALI	SBURY		W	ICOMICO
EC.	10a. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	Md Word	ester	Nev	vark				LIMITS? 1 ☐ YES 2 ☑ NO
¥	10a. STREET AND NUMBER	-		101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	6641 Worcester H				1841		USA	
	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spi	city Cuban, Mexica	NIC ORIGIN? (Specify Y	es or No— 1	I. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗌 YES	2X NO Specif	y:	-	Specify:White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF B	USINESS/INDUS	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	st or working			
MP	11		Beautic	ian		Beauti		
	17. FATHER'S NAME (First, Middle, Last) Elijah Thomas M	cCabo				ME (First, Middle, Maide		
BE	19a. INFORMANT'S NAME (Type/Print)	ccabe	10h MAII ING	ADDOESS (Small a	nattle	Matilda D	avis	-41
2	Linda Glenn		P. O.	Box 85	. Girdle	etree, Md.	21920	gylorlanding Ro
	20a. METHOD OF DISPOSITION 1 Deurlal 2 Cremation 3 Rem		b. PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. L	OCATION - CH	ty or Town, State
	4 Donation 5 Other (Specify)	T	rinity G	arden O	f Memory	/ 11/16/92	New	ark, Md.
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ZENSEE 2		Burba	D ADDRESS OF FA	cium ral Home	108 V	Villiams Street
	W. SUL 13	rubou		Berlin	, Md.	21811		
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that cause List only one cause on	ed the death. Do r	not enter the mo	de of dying, suc	h as cardiac or res	piratory arres	t, Approximate interval Between
	IMMEDIATE CAUSE (Fins)							Onset and Death
	resulting in death)	esophi	ageal C	avanon	na			
	_	оок торон ха	A CONSEQUENCE OF	F):				i
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
E	that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEQUENCE OF	F):				
H H		d						
4	PART II. Other significant condition	s contributing to desth	but not resulting	In the underlying	csuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8	Congesti		ailine			1 YES	,E.D.	COMPLETION OF CAUSE OF DEATH?
Ξ)			_		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							
<u>≅</u>	EXAMINER?	HOSPITAL:	tootloot 2 000	OTHER:	ACE OF DEATH (Ch			
Ĭ	27. MANNER OF DEATH	28s. DATE DF INJURY	28b, TIM	E OF 28c. INJI	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 Y	RK? ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, a	street, factory, office		261. LOCATION (Stree City or Town, Stat		Rural Route Number,
	4 Homicide determined					Only or lown, one	9/	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wledge, death occurre	ed at the time, data	and place, and due	to the cause(s) and m	anner as stated	
ğ	one) 2 MEDICAL EXAMINE	R: Dn the basis of examination	on and/or investigation	n, in my opinion, de	eath occured at the	time, data and place,	and due to the o	cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	1	14. 8		29c. LICENSE NUI		29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	WWW.	EATH (ITEM 27) (Type,	O-/	1 158	334	P 1	1 13 92
	RODNEY A.	WENRICH	1004	POWER S	T. S	ALISBUR	y mo	1. 21801
	31. DATE FILED (Month, Day, Year) NOV 16 1992	32. REGISTRAR'S SIGN	NATIBE					
	TOUL TO TOUL							

papale co.

myent a

ш	- 55
	9
7	5
٠.	- 8
. C.	£
'n	dead
ä	the
RECORDS,	The law requires that the death certifical
ر	60
)	9
Ł.	2
r	3
	2
7	
DIVISION OF VITAL	The
>	A
	C
-	80
)	£
	TTENDING PHYSICIAN
	9
)	3
-	Z
מ	#
	HC
	Œ
1	B0-98
	á

	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH	VO.	3. TIME OF DEATN			
	Donna Max	ine Dawson				11/1/9	92"	2:48PM			
	4. SOCIAL SECURITY NUMBER 214 07 4035 90. FACILITY NAME (If not institution, g	1 □ M 2XXF 78	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 8/11/	1.	BIRTHPLACE (State or Foreign Country) Keyser, WV			
CTOR	Sacred Heart I	Hospital	9		erland	DEATH	9c. COUNTY	of DEATH Allegany			
DIREC	10e. STATE 10b. CO		10c. CITY, 1	TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
FUNERAL	P.O. Box 274	114½ "D" Str	reet	10	26726		10g. CITIZEN	USA			
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISP/ ecify Cuben, Mexic 2 X NO Spec	ANIC ORIGIN? (Specify cen, Puerto Rican, etc.) ally:	Yea or No— 14.	RACE — American Indian, Black, White, atc. Specify: White			
LETED	15. DECEDENT'S (Specify only highest g	EDUCATION trade completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo retired.)	ON est of working	16b. KIND OF	BUSINESS/INDUST				
COMPL	12 17. FATNER'S NAME (First, Middle, Last)		Homemak	er	16. MOTNER'S N	AME (First, Middle, Maid	Own Home ien Surneme)	2			
ш	Grover Cleve 190. INFORMANT'S NAME (Type/Print)	land Sutherlar		Ingres of		Leona Ca					
TO B	Harry L. Dawson					Name Number, City or		(10)			
	P.O. Box 274 Keyser, WV 26726 20e. METNOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 4 Donation 5 X Other (Specify) Entombment 20b. PLACE AND DATE of DISPOSITION (Name of camelery, crematory or other piece) Pototisc Memorial Gardens Mausoleuth 11/4/92 Keyser, WV 26726 22. NAME AND ADDRESS OF FACILITY 85 S. Main Street Rotruck Funeral Home Keyser, WV 26726										
1			ach line	onter the mo	de of dying, su	ch es cerdisc or re	spiratory arrest,				
ATION	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentielly list conditions, if any, leading to immediate	b. Due to (or as A	hematom a consequence of): 1ma a consequence of):		de or dying, su	ch es cerdisc of fe	spiratory arrest,	Interval Betwee			
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentielly list conditions,	Sub dural DUE TO (OR AS A Head trau DUE TO (OR AS A Fall at h DUE TO (OR AS A	hematom a consequence of): 1ma a consequence of):	ia .		ch es cerdisc of fe	spiratory arrest,	Interval Between			
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Sub dural OUE TO (OR AS A Head trau OUE TO (OR AS A Fall at h OUE TO (OR AS A Cerebral	hematom A consequence of: Ima A consequence of: OOME A consequence of: Vascular	insuff:	iciency	1 Part !. 24e, WAS	AN AUTOPSY ORMED?	Interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De O			
SICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition recuiring in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	Sub dural DUE TO (OR AS A Head trau DUE TO (OR AS A Fall at h DUE TO (OR AS A Cerebral	hematom A consequence of: Ima A consequence of: OOME A consequence of: Vascular Out not resulting in t	insuff:	iciency g cause given fr	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED?	Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On			
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions better the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions	Sub dural DUE TO (OR AS A Head trau DUE TO (OR AS A Fall at h DUE TO (OR AS A Cerebral d. Cerebral tions contributing to death b Line To (OR AS A Cerebral 100 ETO (OR AS A Cerebral 100 ETO (OR AS A Cerebral 100 ETO (OR AS A Cerebral 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CEREBRA) 100 ETO (OR AS A CERE	hematom A consequence of: IMA A consequence of: OOME A consequence of: Vascular Outling in to 28b. Time of INJURY 10: A thome form street	insuff: the underlying 28. PL THER: Nursing Norm OF V V V V V V V V V V V V V V V V V V	iciency g cause given in ACE OF DEATN (C) 6 5 Residence UNY AT RK7 (ES 2 NO	Part I. 24e. WAS PERF 1 YES heck only one) 8 Other (Specify) 28d. DESCRIBE NOT PATIENT 28f. LOCATION (Street	AN AUTOPSY ORMED?, 2 2000 VINJURY OCCURE fell at	interval Betwee Onset and De days 4 days 24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions better that initiated events resulting in death) LAST PART II. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions better 1. Other significant conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the conditions between the condi	Sub dural DUE TO (OR AS A Head trau DUE TO (OR AS A Fall at h DUE TO (OR AS A Cerebral d. Cerebral tions contributing to death b L HOSPITAL: 17 Inpatient 2 = ER/Outs 280. DATE OF INJURY (Month, Day, 160) 10/28/92 280. PLACE OF INJURY building, etc. (Specat home	hematom A consequence of): IMA A consequence of): IOME A consequence of): Vascular Out not resulting in to 29b. Time o 10 10 10 10 10 10 10	insuff: the underlying 28. PL THER: Nursing Nom Nor 28c. INJ WO AM 1 1 v et, factory, office	iciency g cause given in ACE OF DEATN (C) 5 Residence URY AT RK7 YES 2 NO	heck only one) 8 Other (Specify) 28d. DESCRIBE NOV Datient 28t. Location (Stre- City or Rown, Sta Box 274 K	AN AUTOPSY ORMED?, 2 Deo W INJURY OCCURE fell at elst and Number or Rich eyser W	Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On			
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions better that initiated events resulting in death) LAST PART II. Other significant conditions better that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigated a Nomicide 8 Could not determined.	Sub dural DUE TO (OR AS A Head trau DUE TO (OR AS A Fall at h DUE TO (OR AS A Cerebral d. Cerebral tions contributing to death b 10/28/92 280. PLACE OF INJURY (Month, Day, 16er) 10/28/92 280. PLACE OF INJURY building, etc. (Spec at home	hematom A consequence of): IMA A consequence of): OME A consequence of): Vascular Outling in to Patient 3 □ DOA 4 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	insuff: the underlying 28. PL THER: Nursing Norm F 28c. INJ Y WO AM 1 1 1	iciency g cause given in ACE OF DEATN (C 5 S Residence URY AT RK7 (ES 2 NO) and place, end du	heck only one) 8 Other (Specify) 28d. DESCRIBE NOV DATIENT 28f. LOCATION (Stree City or Rown, Stree City or Rown, Stree Box 274 K e to the ceuse(e) end n e time, date end place,	AN AUTOPSY ORMED?, 2 Deo W INJURY OCCURE fell at of and Number or Rivel eyser W eyser W end due to the cau	Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On			
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Datia betes 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigated A Nomicide 8 Could not determined. 29e. CERTIFFER Charter of CERTIFYING Particular County of MEDICAL EXAMINER?	Sub dural DUE TO (OR AS A Head trau DUE TO (OR AS A Fall at h DUE TO (OR AS A Cerebral d. Cerebral Litima contributing to desth b Litima contributing to desth b 280. DATE OF INJURY (Month, Day, Vee) 10/28/92 280. PLACE OF INJURY building, etc. (Spec at home	hematom A consequence of): IMA A consequence of): IMA A consequence of): IMA A consequence of): IMA A consequence of): Vascular Out not resulting in to IMA IMA IMA IMA IMA IMA IMA IMA IMA IMA	insuff: the underlying 28. PL THER: Nursing Norm Norm St 28c. INJ Y et, factory, office at the time, date in my opinion, de EX	iciency g cause given in ACE OF DEATN (C 5 S Residence URY AT RK7 (ES 2 NO and place, end du- neath occured at the	heck only one) 8 Other (Specify) 20d. DESCRIBE NOT PATIENT 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOCATION (Streethy) 20f. LOC	AN AUTOPSY ORMED?, 2 Deo W INJURY OCCURE fell at of and Number or Rivel eyser W eyser W end due to the cau	interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On			

1 - FOR STATE REGISTRAR

	4
- 40	
0	3
Ø	
BOX 68760	•
00	
(0)	
•	
×	
O	
m	
_	ı
P.O.	
O	
-	
а.	
P2	
10	•
~	
00	
RECORDS	
V	
()	
	٠
ш	
000	
_	
OF VITAL	
d	
	1
=	1
	1
14	1
-	1
0	1
_	į
Z	
~	
Ó	1
70	í
S	ľ
=	Į
5/	1
4/	
4	
*	

TO BE COMPLET	200. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDITION OF PERSON MICHORAL SON A 6402 Golden Ring Ro	m. M. N	0.		29c. LICENSE NUI		1	GNED (Mopth, Day, Year)
8	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Bural Boute Michigan, etc. (Specify)							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			W INJURY OCCURED	
YSICIAN		PITAL:		THER:	PLACE OF DEATH (Ch			
MEDICAL CE	PART II. Other significant conditions control	PERFORMED AM CO OF			24b, WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR						
	shock, or heart failure. List onl iMMEDIATE CAUSE (Final disease or condition resulting in death)	y one cause on each OUE TO (OR AS A COR	ine. evelu	1 F-	fand	en as cardiac or real	piratory arrest	Approximat interval Bet Onset and I
	23. BART I. Enter the diseases, or complic	etjanke	death Deach	140	7 Easter		altimor	e, MD 21221
	20g. METHOD OF DISPOSITION Burlal 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. SQUARTURE OF FUNERAL SERVICE LICENSEE	n State 20b. PLA cametery	CEAND DATE OF DISPOSITION (Name of correction) DATE 20c. LOCATION — City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City or Town, State correction of City					
TO BE	Warren H. Debelius,		2104	Lippiz	an Ct.	Route Number, City or To Fallston,	MD 210	47
111	17. FATHER'S NAME CHATTES De be	lius			Lilli		nette	
COMPLETE	(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	d) le (1-4 or 5+)	Give kind of work	done during n	nost of working	West	ern El	
D BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION		1 YES 2 NO Specify:			Black, White, etc. Speethite		
FUNERAL	13215 Eastern Ave.			101. ZIP CODE 21220			10g. CITIZEN OF WHAT COUNTRY?	
DIRECTOR	Maryland Baltimore			18c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2	
TOR	13215 Eastern Ave.				le River			timore
	213 07 6787 XX	12 F 82	YRS.	HTHS DAYS	OR LOCATION OF D		1910	Maryland
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yr:		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Fore

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

* "J ... Y The second of the second of t •

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-					Titled. IVO.		
	1. GECEDENT'S NAME (First, Middle, Last) RAYMOND FOLE	V		1.0	DATE OF DEATH	YEAR	3. TIME OF OEATH
	77777	Raymo	nd Fole		- 1/4-9/24 DATE OF BIRTH	- 9 C	IPLACE (State or Foreign
	2332 44 39959 151 DM 2 DF 73 7/	g YRS. WO	THE DAYS HOURS	MIN.	(Morter, Day, Year)	18 count	Va.
5	9a. FACILITY NAME (If not institution, give street and number) BEN Seedum (II)	tal 1	Barbtilati	0/	A Balt	9c. COUNTY OF	Balfo.
	RESIDENCE OF DECEDENT	10		.60/100	1,1000,19	, , , , ,	1000
	100, STATE 100, OUNTY Convals ent C	ente &	Balto.	, no	Baltimo	re	10d. INSIDE CITY LIMITS? 1/2/YES 2 NO
2	100. STREET AND NUMBER Nelpt. alling	0 - 1	101, ZIP CO			10g. CITIZEN OF	WHAT COUNTRY?
1	1217 West Fayattle Street	salto.	DA 12.12	myl-	223	U	. U.S.A.
	11. MARITAL STATUS 1 Nover Married 2 Married 3. Widowed 4 Divorced 12. WAS DECEDENT EVEN IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDENT If yes, specify Cut 1 TES 2 THE	en, Mexican, Pu		or No— 14. RAC Blac W ³ / ₂ / ₄ / ₄	E — American Indian, k, White, etc. Wite Mile Ca
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USU	AL OCCUPATION done during most of work	kina	16b. KIND OF BUS	INESS/INDUSTRY	
1	Elamentary/Secondary (0-12) 1 2 College (1-1 or 5 +)	-itte. Do NOT use re Un i	ired.)	K	mes		
5	17. FATHER'S NAME (First, Middle, Last)	0101	7007	THER'S NAME (First, Middle, Malden S	Surname)	
,	Unk.		\sim	Unk.			
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	ORESS (Street and Numb	er or Rural Route	Number, City or Town	, State, Zip Code)	
	Carla Warfield	118 N.	loward S	t. Bal	timore.	Md 212	01
	20a. METHOD OF DISPOSITION 1	er place)	N (Name of corretery, cri			ATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDR	ESS OF FACILIT	Y 2121	7	,
	23. PART I. Enter the diseases, or complications that caused the		Leroy Ho				mor St.
NO INCIDING	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NSEQUENCE OF):	nary.	Ane	1 <i>F</i>		
שבטוכשה כר	PART II. Other eignificant conditions contributing to death but of level ties. Itype here is in the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to death but of the conditions contributing to the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing contributing contributing the conditions contributing the cond	not resulting in t	he underlying cause	given in Par	24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
FILISICIAN: R	25. WAS CASE REFERRED TO MEDICAL		28 DI ACE OE	DEATH (Check of	ngh, onel		
2	EXAMPLE? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Outpetie		THER: Nursing Home 5				
	27. MANNER OF DEATH 26a. DATE OF INJURY	26b. TIME O	F 28c, INJURY AT		d. DESCRIBE HOW II	JURY OCCURED	
10	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR	M 1 TES 2	□ NO			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	it, factory, office	28	1. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and						(a) and manner as stated.
ם סם כו	296. SIGNATURE AND TITLE OF CERTIFIER		D	2625	56	•	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 1940 W. Baltimore St.	Balt	more 1	UP 2	2/223		
	NOV 16 1992 The Deliver Signal Strategy of the Secretary						

92 31750 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 15 YEAR Mary T. Fanjoy 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Sept. 23, HOURS 214-30-2629 1 M 2 X F 69 YRS. 1923 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1 YES 2XX NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 9220 Cornflower Road 21236 U. S. A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 Was anactiv Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES XXX NO 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 21 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) NA Homemaker NA Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John F. Zacharski Catherine Swolinski BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John C. Fanjoy (Husband) 9220 Cornflower, Baltimore, Md. 21236 20a. METHOD OF DISPOSITION 1/L Burlai 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State holy Kosary Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 11/17 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 9705 Belair Road, Baltimore, Md. 21236 23. PART I. Enter the disease. or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. interval Betwe Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) . Hemorrhagic Cerebrovascular Accident DUE TO (QR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Insulin Dependent Diabetes AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO Renal Failure 1 YES 2 NO PHYSICIAN: Liver Failure 25. WAS CASE REFERRED TO MEDICAL 28. PLACE QF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 Ninpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 /Netural 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check ank)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) e Salvo MD 192 11/15 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive Baltimore MD

M.D.

32. BRGISTRAR'S SHINATUREDE

Kristine Salvo

6 1992

31. DATE FILED (Month, Day, Year)

21237

FOR

director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3

notified at

eq

must

examiner

medical

event, the

or other traumatic

Injury,

been signed by the of. of Health and M shows any inju

Dept.

r this certificate has h with the State De arked, or Item 2

LionRECTOR: After the Property and South South Williams after death with them 28 is marked

TO THE FUNERAL DE filed within 72 M

THE Bell 223

marked,

filed in by the funeral

0

the attending physician and completely fille Mental Hygiene prior to bunal. cremation,

OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 7:53 P. 11 Edward Foerster, Sr. John 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F 216-44-2065 MARCH 7, 1947 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Baltimore City Harbor Hospital 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE XX YES 2 NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2631 HOLLINS FERRY ROAD 21230 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 84 3 Widowed 4 N Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10TH GRADE MECHANIC AUTO REPAIR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JACOB S. M. FOERSTER MARION E. GREENSTREET 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 JOHN E. FOERSTER, JR. 2631 HOLLINS FERRY ROAD-BALTIMORE, MARYLAND 20s. METHOD OF DISPOSITION
1 \(\subseteq \text{Surfel} \) 2 \(\subseteq \text{Cremation} \) 3 \(\subseteq \text{Removal from State} \)
4 \(\subseteq \text{Donation} \) 5 \(\subseteq \text{Other} \((Specify) \) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MEADOWRIDGE MEMORIAL PARK 11/18 ELKRIDGE 21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 0 HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one sause on each line. Approximate Interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) .. NARCOTIC AND ALCOHOL INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 34s. WAS AN AUTOPSY 34b. WERE AUTOPSY PINDINGS ARILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 HO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: V ENOutpetient 3 - DOA OTHER: 1 XYES 2 MO 27. MARREN OF DEATH a 5 17 Reside 28s. DAYE OF INJURY (Month, Day, Year) 28b. TIME OF BUJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED t 🔲 Natural 5 Pending Investigat M UNKNOWN 1 YES ZE NO SUBJECT INGESTED DRUGS & ALCOHOL BY 2 Accident 38e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number City or Twen, State) 3 Suicide COMPLETED 6 KX Could not be 4 | Homicide LINKNOWN 29s. CERTIFUER 1 CERTIFUEG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 2 X MEDICAL EXAMINER On the be ed at the time, data and place, and due to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 /15/1992 WHO COMPLETED PAISE OF DEATH (ITEM 27) (Type Philo UE JR MP 111 Penn S 111 Penn Street, Baltimore, Maryland 21201

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

20	S		
100	10		
lds	Ped		_9
Ä	etac		2
5	p e		0
G G	q p		6
in	Poc		=
ret	5		not
8	906		9
may	r.		75
9	900		Ē
30	ģ		6
÷.	eral		튵
dea	4		Z
fter	#	S	70
50	9	rem	ě
200	.≃ 9	ö	Ē
24	· file	JOH.	P.
ig.	etely	mal	H,
N.	mple	C	2
95	8	In last	9
exec	and	50	mat
8	cian	0.0	ā
ate	TySi	P	4
THE S	d b	iene	ş
9	igi	£	0 1
eath	atte	퍨	7.
b o	the	₩.	호
##	3	aug	7
5	Del	量	2
uire	Sg	Hea	*
red	een	0	Sh
₩.	as b	ept	23
1	te h	ite C	E
ż	fica	Sta	=
200	cert	를	0
H.	Ē	ŧ	3
9	1	6	187
8	두	8	10
The confirmation of the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	For all FIGHT Annuments of the speen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	in 2 how with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	The firm 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
3	ş	ē	Ë
0	ā	ž	4
3	뉗	P	#
:伊	1	E	E

	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF I		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) GEORGI	· y	ARR			2. DATE OF DEATH MONTH D	AV ,	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 226-46-9872	1 🗆 M 2 💥 F	GE (In yrs. lest birthday) 87 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN . 12,	1905	BIFTHPLACE (State or Foreign SUPERLING, VA		
TOR	96. FACILITY NAME (If not institution, give street and number) GREENBELT NURSING CENTER RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH GREENBELT			9c. COUNTY OF DEATH PRINCE GEORGES			
DIRECTOR	10a. STATE 10b. COUNTY	E GEORGES		TY, TOWN OR LOCA GREENBEL				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 7010 GREENBELT ROAD			10	101. ZIP CODE 20770			U.S.A.		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			es or No			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the Do NOT us SALES I		ON sst of working	F.W. WO		H STORES		
BE CON	17. FATHER'S NAME (First, Middle, Lest) BUEAGUARD J. KEYE	S			MARY I	ME (First, Middle, Maiden HAVENER	,			
10	FLOYD L. FARR, JR		196. MAILING 5895 PA	ARMIALK DR	., BOYNION	BEACH, FL 33	n, Stere, Zip Co 4:37	ode)		
2000	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3. Remort	-	20b. PLACE AND DATE COMMENT OF CHESTINUT			0ATE 20c. LO 11/14 HER		y or Town, State VIRGINIA		
	22. NAME AND ADDRESS OF FACRITY CREEN FUNERAL HOME, 721 FIRST., HERNDON, VA 2207							ERNDON, VA 22070		
	23. BAST I. Enter the diseases, or of	implications that cau	red the deeth. Do							
	shock, or heart failure/L INDEDIATE CAUSE (Final disease or condition resulting in death)	and only one ceuse o	n each line.					interval Between		
ATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR A	n each line.	ocardi		at Di		interval Between		
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	ute My us a consequence of	ocardi P: Serot				interval Between		
CE	INMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (OR A	AS A CONSEQUENCE OF	Ocardi Perot Perot	ial la tic He	facts at Di-	DES S	interval Between		
MEDICAL CE	INMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (OR A	AS A CONSEQUENCE OF	Ocardi Perot Perot	ial la tic He	at Di	AUTOPSY IMED?	Interval Between Onset and Death 2 4b. WERE AUTOPSY FINDINGS		
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PRINT III. Other significent conditions Region Conditions	DUE TO (OR A	AS A CONSEQUENCE OF	Ocano Fi: Cono Fi: Fi: In the underlyin.	ial la tic He	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CE	INDMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions Pegh C	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF	OCALO F): PLOT F): In the underlying 26. PI OTHER:	g cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL CE	INMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PERMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A C	OCALC F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc F): Conc	g cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL CE	INIMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions Pegh C	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A)	A CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENCE OF SA CONSEQUENC	OCANCIFICATION OF SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC. IN SEC.	g cause given in LACE OF DEATH (Ch. to 5 Residence HRK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL CE	INDMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent con	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	OCALC F): Concord F): Concord F): Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord	g cause given in ACE OF DEATH (Cho LET YES 2 NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LET NO LE	Part I. 24a. WAS AN PERFOR 1 YES 2 BCK only one) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mar	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL CE	INDMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent con	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A C	OCALC F): Concord F): Concord F): Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord Concord	g cause given in LACE OF DEATH (Chies 5 Residence SURY AT REX? YES 2 NO e and place, and due leath occured at the	Part I. 24a. WAS AN PERFOR 1 VES 2 Bock only one) 8 Other (Specify) 28f. LOCATION (Street a City or Town, Stete) to the cause(a) and mar time, date and place, an	AUTOPSY MED? JANO NJURY OCCUR and Number or oner as stated. d due to the c	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PET 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC (Check only 1 One) 2 MEDICAL EXAMINER	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU	As a consequence of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	P: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol	g cause given in LACE OF DEATH (Ch. te 5 Residence UNY AT YES 2 NO e and place, and due teeth occured at the 29c. LICENSE NUM D 3	Part I. 24a. WAS AN PERFOR 1 YES 2 BCK Only One) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mar Itma, date and place, an IMBER	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPS	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RURAl Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions PET 1 Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditions PART II. Other significent conditi	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU	As a consequence of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	P: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol F: Cancol	g cause given in LACE OF DEATH (Ch. te 5 Residence UNY AT YES 2 NO e and place, and due teeth occured at the 29c. LICENSE NUM D 3	Part I. 24a. WAS AN PERFOR 1 YES 2 BCK Only One) 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and mar Itma, date and place, an IMBER	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPSY IMED. AUTOPS	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		

BALTIMORE, MARYLAND 21215-0020

the ho	t once.
HE DON'TALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host of E.T. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E. C. A. E.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be	be n
6 та	nust
Page direc	Der II
death.	xamir
after of the noval.	cale
hours of in to	medi
n 24 ly fille ation,	the
d within	event,
and co	atic
ician a	Lanu
tificate phys ene pr	ther t
h cert anding Hygik	or of
e deat he att	ury,
and I	ıy in
ires the signed dealth	WS at
requi	shov
has t Dept	1 23
IN: The ficate State	Hen
SICIA certi	d, 0r
G PHN er this th wit	arke
NDIN R. Afte	E SI
ATTE ECTOF S afte	n 28
HOUN	iten
A BUT	
	E E
T.Y.	<u> </u>

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPAR	TMENT OF H	EALTH AND		_	- 01/03
3	1. DECEDENT'S NAME (First, Middle, Last) SIDNEY FRISCH	IOAIL OI	DEATH	REG. NO 2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 0 5 4 1 0 3 4 9 2 1 ★ M 2 □ F 9 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept. 1,	a BIDT	CHPLACE (State or Foreign
TOR	9e. FACILITY NAME (If not institution, give street end number) HEBREW HOME OF GREATER WASHING: RESIDENCE OF DECEDENT		KVILLE	EATH	9c. COUNTY OF MONTGO	
DIRECTOR		Y, TOWN OF LOCAT	ION	ROCK	VILLE	10d. INSIDE CITY LIMITS? 1 3 YES 2 NO
FUNERAL	6121 MONTROSE RD.	101	20852		10g. CITIZEN OF	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES	It yea, spe	ENDENT OF HISPAI ecity Cuban, Mexica 2 X NO Specifi	NIC ORIGIN? (Specify Yearin, Puarto Rican, atc.)	Blac	CE — American Indian, ok, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 18a. DECEDENT'S (Give kind of with life. Do NOT use) Company Company	USUAL OCCUPATION ork dane during mose retired.)	st of working	0.000	SINESS/INOUSTRY	hina
MO	17. FATHER'S NAME (First, Middle, Last)	Owner				irriig
	Raphael Frisch		Celia	ME (First, Middle, Maiden Un	sumame) nknown	
38 C	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING	ADDRESS (Street a		Route Number, City or Town	n, State, Zip Code)	
2	Stuart Frisch 6812			Bethesda		20817
	20. METHOD OF DISPOSITION 1 Disposition 3 Responsition State 4 Donation 5 Other (Special) 20b. PLACE AND DATEC Committee, crematory or of MT. ZION	her place)		OATE 20c. LO	CATION — City or TO	
	21. SIGNATURE OF FUNERAL SENTION LICENSIE	22. NAME AN	D ADDRESS OF FA	CILITY ON FUNERA	T.	N. I.
-	Court My Jan			RCH, VA.		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not ahook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. RIGHT UPFEL 1889 OUE TO (OR AS A CONSEQUENCE OF CAUSE. Enter UNDERLYING CAUSE. Enter UNDERLYING CAUSE. DUE TO (OR AS A CONSEQUENCE OF CAUSE. Olisease or injury that initiated events	Prizar		h aa cerdiac or reapl	ratory arrest,	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in Coronay Autory Duscase, Chronic Obstrue Aurtic Sterens	the underlying	cause given in	Part I. 24s. WAS AN . PERFOR	MED?	N. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PL	ACE OF DEATH (Che	ock only one)		
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home	5 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME (Month, Dey, Year)		IRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ	2 Accident Investigation		ES 2 NO	- William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - William - Will		
ETED	4 Homicide datarmined building, etc. (Specify)	reet, lactory, bilice		281. LOCATION (Street e. City or Town, State)	nd Number of Rural F	Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation	f at the time, date of	and place, and dua	to the cause(a) and mani	ner es stated.	a) and manner as stated.
TO BE	296 STONATURE AND TITLE OF CERTIFIER WWW. S. Madarany, MO.		29c. LICENSE NUM D3916	BEA	29d. DATE SIGNED	(Month, Day, Year)
		NTRUSE	RO; Ro	CKVILLE Y	no 2080	2
	NOV 16 1992					

92 21753

95-5-XX

Street and being forcests in

1.500

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	HYGIEN REG. NO			
18	DECEDENT'S NAME (First, Middle, Last)	Adam M.	Fritsch			2. DATE MONTH NOV		1992	YEAR 3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-05-5949 9a. FACILITY NAME (If not institution, give si	1 🗶 M 2 🗆 F	79 YRS. W	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	Aug	OF BIRTH 1, Day, Year) 16, 19	913	Country)	Maryland
TOR	3708 Southern	· ·			timore (9c, COUNT	Y OF DEATH	
DIRECTOR	Maryland 10b. country		10c. CITY,	TOWN OR LOCAT Bal	timore (City			11.23	LINSIDE CITY LIMITS? YES 2 NO
FUNERAL	3708 Southern	Avenue		101	ZIP CODE	206				tates
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA AYMY WW II	2 NO	If yes, sp	ecity Cuban, Mexica 2 NO Specif	in, Puerto F		s or No 14	Black, Wi	American Indian, lita, etc. White
LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT use i	k done during mo retired.)	ON st of working	16b.		SINESS/INDUS		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Macri	inist	18. MOTHER'S NA	AME (First, A		OCA-CO	ola	
III	Matthew 190. INFORMANT'S NAME (Type/Print)	Fritsch	Tab. Mail INC A	DDDESS (Small	Antoi			Werne		
TO BI	Gerald J. Fitch	1	RD 3	Box 34					,	. 17322
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remote A Donation 6 Other (Specify)		PLACE AND DATE OF other of Redee			/92		cation — ch		aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Knight	night Jr	Leona	ind J. Ru	ıck,	Inc.	nore, 1	Harfo	
AL CERTIFICATION	23. PART I. Enter the diseases, of a shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				nac of resp	ratory arres		Approximate Interval Between Onset and Death
MEDICAL	PART H. Other algorificant condition	e contributing to death bu	ut not resulting in	the underlying	g ceuse given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	AMA CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 8 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi		THER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJ	URY AT PRES 2 NO			NJURY OCCU	RED	
тер ву	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, stre	et, factory, office	•	26f. LOC	ATION (Street or Town, State)	end Number or	Rural Route	Number,
COMPLETED		CIAN: To the best of my knowledge. R: On the basis of examination								I manner ee stated.
BE	296. BIGMATURE AND TITLE OF CERTIFIER	Car	9		29c, LICENSE NUI	-	>		SIGNED (Mo	onth, Day, Year)
ρ.	Dr. George Low	e 5810 Bela	air Road		timore,	Marv	land			
	31. DATE FILED (Month, Day, Year) NOV 16 1992	32 MEGISTRAN'S SIGNA	-Mandell			/				

	. 5
0	
~	9
64	- 4
9	
0	5
BALTIMORE, MARYLAND 21215-0020	ĝ
L)	- 3
_	2
C	*
-	2
N	-
-	-
	.5
=	9
4	è
4	9
	£
-	2
>	2
CC"	3
7	2
4	10
5	6
	- 6
	- 2
ш	5
CC	- 5
-	6
O	46
-	. 9
2	2
_	d
\vdash	_
	- 1
4	9
-	-
10	à
	40
	64
_	9
	Š
	5
	Z
	hin
0,	ithin 2
60,	within
760,	od within
3760,	and within
\$8760,	cutted within
68760,	xacerbad within
x 68760,	executed within
X 68760,	to executed within
OX 68760,	he executed within
30X 68760,	the he executed within
BOX 68760,	cate he executed within
BOX 68760,	ifficate he executed within
O. BOX 68760,	actificate he executed within
.O. BOX 68760,	cartificate he executed within
P.O. BOX 68760,	th cartificate he executed within
, P.O. BOX 68760,	outh cartificate he executed within
S, P.O. BOX 68760,	death certificate he executed within
S, P.O. BOX 68760,	a death cartificate he executed within
DS, P.O. BOX 68760,	the death certificate he executed within
RDS, P.O. BOX 68760,	If the death certificate he executed within
DRDS, P.O. BOX 68760,	that the death certificate he executed within
ORDS, P.O. BOX 68760,	that the death certificate he executed within
CORDS, P.O. BOX 68760,	se that the death certificate he executed within
CORDS, P.O. BOX 68760,	sines that the death certificate he executed within
ECORDS, P.O. BOX 68760,	nomines that the death certificate he executed within
RECORDS, P.O. BOX 68760,	requires that the death certificate he executed within
. RECORDS, P.O. BOX 68760,	w remines that the death certificate he executed within
L RECORDS, P.O. BOX 68760,	law remiires that the death certificate he executed within
AL RECORDS, P.O. BOX 68760,	a law requires that the death certificate be executed within
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate he executed within
ITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate he executed within
VITAL RECORDS, P.O. BOX 68760,	3M. The law requires that the death certificate he executed within
VITAL RECORDS, P.O. BOX 68760,	SIAN. The law requires that the death certificate he executed within
F VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate he executed within
OF VITAL RECORDS, P.O. BOX 68760,	VSICIAN: The law requires that the death certificate he executed within
OF VITAL RECORDS, P.O. BOX 68760,	MVSICIAN. The law requires that the death certificate he executed within
I OF VITAL RECORDS, P.O. BOX 68760,	DHVSICIAN. The law requires that the death certificate he executed within
N OF VITAL RECORDS, P.O. BOX 68760,	IS DHVSICIAN. The law requires that the death certificate he executed within
ON OF VITAL RECORDS, P.O. BOX 68760,	INC DHVSICIAN. The law requires that the death certificate he executed within
ION OF VITAL RECORDS, P.O. BOX 68760,	IDING DHYSICIAN. The law requires that the death certificate he executed within
SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING DAYSICIAN. The law requires that the death certificate be executed within 3
ISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING DHYSICIAN: The law requires that the death certificate he executed within
VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING DAYSICIAN. The law requires that the death certificate he executed within 3
IVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING DHVCICIAN. The law requires that the death certificate he executed within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING PHYSICIAN. The law requires that the death certificate he executed within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYCICIAN: The law remained that the death cartificate he executed within 24 hours often death. Dane & more he resolved he the basestal or extendion absented.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

_	HEGISTRAN			ENTIF	ICATE	OF	DEATH	HEG. NO.		
ñ	1. DECEDENT'S NAME (First, Middle, Last) Alberta Eliza	hoth Fo	\cca++				_	2. DATE OF DEATH	W	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		L BIRTHPLACE (State or Foreign
	219-05-2715	1 □ M 2 😾 F	99	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 11-14-1		Maryland
1	Se. FACILITY NAME (If not institution, give						OR LOCATION OF DE	ATH		Y OF DEATH
e e	34 N. Abbingt	con Aver	iue		Ва	11t	cimore (City		
ង្គ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~		I son cur	Y, TOWN OR	1001	TION			
DIRECTOR	Maryland	•		1				Maryland	l	10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
	10e. STREET AND NUMBER					101	H. ZIP CODE			EN OF WHAT COUNTRY?
FUNERAL	34 N. Abbingto						21229			.S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES ZY		13. W	es, sp	CENDENT OF HISPAN pecify Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 [YES	S 2 XNO Specify	r:		Specify: Black
ETED	15. DECEDENT'S EDU (Specify only highest grade			Give kind of v	USUAL OCC	UPATH	ON ost of working	166. KIND OF BUS	SINESS/INDU	
<u> = </u>	Elementary/Secondary (0-12)	College (1-4 or 5	- 10	e. Do NOT us	se retired.)			Dun d		
COMPL	7th Grade 17. FATHER'S NAME (First, Middle, Last)			Dom	esti		T		vate	
ЕСС	Singleton H.	Gray					Jennie	ME (First, Middle, Maiden Brown	Surname)	
10 B	196. INFORMANT'S NAME (Type/Print) Carrie Thomas	·	11	96. MAILING	N. A	ob i	and Number or Rural ! ington	Avenue, Ba	n, State, Zip C	, Md. 21229
1	20s. METHOD OF DISPOSITION	noval from State	complete co	namatoni or o	OF DISPOSIT					ty or Town, Stata
	4 ☐ Donation S ☐ Other (Specify)	PENSEE	IPop1	ar S	princ 22_N/	S ME A	UMC CET	$\frac{m11/1B/92}{guty}$	<u> </u>	sbom, MD.
	23. PART I. Enter the Obsesses, or	Kell	ins	<u> </u>	34:	33	Cliftme	neral Ser ont Avent	ie Ba	1to.,MD.
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	. Art	(OR AS A CONS	rul	عتاد	WY (andre	Lasen	est	Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	(OR AS A CONSE							
CERTI	resulting in death) LAST	d								
	PART II. Other significent condition	ne contributing to	death but not	resulting	In the und	erlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS
EDICAL								1 TES 2		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ME										1 TYES 2 NO
ä										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1794-775		OTHER:		LACE DF DEATH (Ch			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	3 DOA 28b. TIM		-	ne 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW II	N HIBY OCCU	IDED.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Ybar)	INJ	IURY M	1 🗌	YES 2 NO		-	
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At h etc. (Specify)	ome, farm, s	street, factor	y, offic	C III	281. LOCATION (Street a City or Town, State)	and Number or	r Rural Route Number,
MPLE	one) —							to the cause(s) and mar		
8	29b. SIGNATURE AND TIME OF CERTIFIE		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		iii my opi	wort, C	29c, LICENSE NUM			Cause(a) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WI	WL	مىك	5	0-/		DZG6	SL	> [[SIGNED (Menth, Day, Year)
	\ \ \	2900 50	HIDA	JOU.	Print)	57	r - 12	elter	ut	10 21225
	31. DATE FILED (Month, Day; Year)	32. REGISTRA	R'S SIGNATURE	200			n = =			

BALTIMORE, MARYLAND 21215-0020	retained by the hospital or attending physic	5 should be detached for use as the burial	notified at once.
AORE,	e 6 may b	rector, pag	must be
ALTIN	death. Pag	funeral di	examiner
8	nours after	d in by the	medicai
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending target.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	TO THE H	TO THE FL.	IMPORTA

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATN			3. TIME OF DEATN
	Emma Max	ic Gorsi	100			MONT	11 - 0		EAR	STO PH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHP	LACE (State or Foreign
	217-01-0586 9a. FACILITY NAME (If not institution, give	1 M 2 F	SZ YRS.	CITY TOWN O	HOURS MIN.	0	n, Day, Year)	9c. COUNTY		yland
DIRECTOR	Sinai Itospit	al		Balt	inorc	M	a.	Se. COUNTY	it	4
EC	10a. STATE 10b. COUNT	Y	10c, CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CITY
DIA	Maryland		Ва	1timore	е					LIMITS?
	10e. STREET AND NUMBER	KIL-PILAS		101.	ZIP CODE			10a. CITIZEI		IAT COUNTRY?
BY FUNERAL	2302 Pennsylvani	a Avenue			21	217			U.S	4.1
ON	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.Ş. ARMED	13. WAS DECI	ENDENT OF NISPA	/	N7 (Specify Ye			- American Indian.
F	1 Never Married 2 Merried	FORCES? 1 YES	SY NO		cify Cuban, Mexico	en, Puerto			Black, Specify.	White, etc.
	3 Widowed 4 Divorced				X	,.			орвону	White
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade	JCATION e completed)	16e. DECEDENT'S USE (Give kind of work			168	. KIND OF BU	SINESS/INDUS	TRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)						
M	12 years		Secre	tary				re Co.		
8	17. FATHER'S NAME (First, Middle, Last) William D. Ho	mbura			18. MOTHER'S NA					
BE		mbarg					ildwac			
9	19a. INFORMANT'S NAME (Type/Print) Edna M. Wohrna				nd Number or Rural					
				ak Avei			_	ryland		1234
	20a. METHOD OF DISPOSITION 1.A. Burlal 2 Cremetion 3 Rem	noval from State 20b.	tery, cremetory or other Loudon	ISPOSITION (Nat	me of	DAT		CATION — City		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE L.	CENSER /	Loudon	Park Co	O ADDRESS OF FA					Maryland
	MINNEXTO	enake	-0()						. B	alto. MD
_		nakis ///o	0648		ell-Wied					21212
	23. PART I. Enter the diseases, pr ehock, pr heert failure.	complications that coused Liet only one couse on ea	the deeth. Do not o	enter the mod	de of dying, suc	h aa cen	dlec or reep	ratory arres	t,	Approximete Interval Between
	IMMEDIATE CAUSE (Final	1	<i>®</i>	-1						Onset and Death
	diseese or condition resulting in death)	· large	Dowel	Ob	Struc	fisc	_			2 ws
		DUE TO OR AS A	CONSEQUENCE OF):							
O	Sequentially list conditions,	b. CO O	CONSEQUENCE OF);	uno	ma					
AT	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSEGUENCE OF):							
유	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							<u> </u>
CERTIFICATION	resulting in deeth) LAST	4								
	DADE II OU	u								1
¥	PART II. Other significent condition	as contributing to deeth bu	t not resulting in th	ne underlying	ceuse given in	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
MEDIC							1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ						_			1	☐ YES 2 NO
PHYSICIAN:		T								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PL	ACE OF OEATN (Ch	eck only or	10)			
IYS	1 YES 2 NO	150 Inpetient 2 ER/Outpa	tient 3 DOA 4	Nursing Home	5 🗆 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF	WOF	RK?	28d. DES	CRIBE HOW I	NJURY OCCUR	EO	
B	2 Accident Investigation	28e. PLACE OF INJURY	- At home term stree		ES 2 NO	201 1 00	ATIDAL CO		-	
COMPLETED	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Specif	y)	t, metory, orner		City	or Town, State)	and Number or	HUMBI FIOL	Re Number,
E	29e. CERTIFIER				CZ-W EN					
MP		ICIAN: To the best of my knowle ER: On the basis of examination								
8			and/or siveaugation, in	my opinion, de	ann occured at me	time, cate	and place, an			
BE	296. SKINATURE AND TITLE OF CERTIFIE	111			29c. LICENSE NUI	MBER		29d. DATE S	GNED (A	Aonth, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WI	10-00MP) ETED CALINE OF DE	IN ATEN OF AT	*)				- 11-	11-	1-
	7 Lindse	1 MI	in (IIEM 2/) (Type, Prin	Lach	oki.	1		0	h	110 2000
	31. DATE FILED (Month Day, May ON)	1 32 REGISTRAR'S SIMIL	Des E	10,0	purs	1207	8	.Da	U	MIJ GILD
	MALY.	1 8 1992 HAR'S SIGNA	A LEVICE TO		2.					

	s 1, 2, 3 should		
_	ınsit permit. Page		
ttending physician	e as the burial-tra		
the hospital or a	e detached for us		t once.
nay be retained by	page 5 should b		t be notified a
or death. Page 6 n	he funeral director,	All.	examiner mus
NG PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending ph	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul	emation or remov	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate be executed w	hysician and comp	e prior to burial, c	er traumatic eve
it the death certific	by the attending p	ind Mental Hygieni	/ Injury, or othe
ne law requires that	has been signed	Dept. of Health a	n 23 shows an
NG PHYSICIAN: Th	ter this certificate	ath with the State	marked, or Iten
TTAL OR ATTENDIR	RAL DIRECTOR: AM	72 hours after de	MPORTANT: If Item 28 is r
HELE MOSP	TO THE FUNE!	be filed within 72 ho	IMPORTANT

31 NOV 1 6 1992

					9	2 31757
1 - SIAIE	STATE OF MARYLAN		T OF HEALTH AND		E	_ 0
REGISTRAR		CERTIFICAL	E OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Calmil	- 4		2. DATE OF DEATH		3. TIME OF DEATH
Christian F.	BRIMSH			11 - 13	1 85	71 = P4N M
		MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign country)
212 01 3133	X ^{M 2} □ F 10)1 YRS.		08/03/18		ermany
9a. FACILITY NAME (If not institution, give street	and number)	9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY	, 1
Edenwald 800 S	outherly Rd	B	uto Ind.		00	110 -
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40- OUTV TOUR	00.100.11011			
		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
Ma Balt	G.	Balti			,	1 YES 2 NO
10e. STREET AND NUMBER	DJ		101. ZIP CODE			OF WHAT COUNTRY?
800 Southerly	19		21204		U.S.A	•
11. MARITAL STATUS 12	WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED 13	WAS DECENDENT OF HISPA		or No.— 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 YES 2 NO Specif			Specify: white
			•			willce
15. DECEDENT'S EDUCATI (Specify only highest grade corr		Se. DECEDENT'S USUAL (Give kind of work done	OCCUPATION during most of working	16b. KIND OF BUS	SINESS/INDUST	RY
	college (1-4 or 5+)	life. Do NOT use retired.				
		barber		self	Al	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	le)
John Wittig		163 Staff	ord Street	Lansdowne.	MD 2	1227
20a, METHOD OF DISPOSITION	20b. F	LACE AND DATE OF DIS			CATION — City	
1 X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		metary, crematory or other				
21. SIGNATURE OF FUNERAL SERVICE LICEM		idon Park C	EMETERY . NAME AND ADDRESS OF FA			. Maryland
0		10		AIIDLOS		ral Home of
- Local	-	-32 · 1	ansdowne 271	.9 Hammonds	Fry Ro	d.LansdowneMD
23. PART I. Enter the diseeses, Dr CDm	plicetione that caused the	he death. Do not ente	r the mode of dying, suc	ch as cardiec or resp	iratory arrest,	
ahock, or heert fellure. List iMMEDIATE CAUSE (Final	only one cause on eecl	h line,				Interval Between Onset and Death
disease or condition	11 Salana	elso me	unun			
resulting in death)	DOE TO (OR AS A CO	ONSEQUENCE OF	-		1.1.	
_	(2) Ke	210 harten	Courselle	telinas 1	me Xo	(1)
Sequentielly list conditions,	DUE TO (OR ASÍA CI	OKSEQUENCE OF 1/1	1 / //	1		
if any, leeding to immediate cause. Enter UNDERLYING	z) Alla	LO SULP	ili the	islase.		
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF:	w c			
resuiting in desth) LAST		,				
			-			
PART II. Other eignificant conditions of	ontributing to death but	not resulting in the t	Inderlying cause given in			24b. WERE AUTOPSY FINDINGS
				PERFO	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE
i				1 TYES 2	AMO	OF DEATH?
						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)		
	☐ Inpatient 2 ☐ ER/Outpati	lent 3 DOA 432N	ursing Home 5 - Residence	6 🗆 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c, INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO			
3 Suicide S Could not be	28e. PLACE OF INJURY	At home, farm, street, fa	ctory, office	281. LOCATION (Street		Rural Route Number,
4 Homicide determined	building, etc. (Specify			City or Town, State	,	
29a, CERTIFIER 1 CERTIFYING PHYSICIA	N. To the heat of my fact	des desables and the desire	Alma data and d			
(Check only	_		time, data and place, and du			averies and average
MEDICAL EXAMINER:	At the pasts of axamination a	ind/or investigation, in my	opinion, death occured at th	e time, date and place, a	na due to the c	succ(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	25.25	/	20c. LICENSE NU	JMBER	29d. DATE SI	GNED (Month, Day, Year)
1/1/1/1/1	an	pr hysician	1)29	769	> //	1/3/92

2 5 6 5	RECTOR: AI INS after de
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FluNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

92 31758 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11-11-92 JANICE LEE Grav 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 218-64-6256 1 M 2 XX 7-2-54 MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 304 N. FRANKLINTOWN ROAD BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? N. FRANKLINTOWN RD 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE - American Indian, Black. White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 11th grade Cashier 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Dorothy Jones James Lee BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 W. Mosher St./Baltimore, MD 21216 James Lee 2401 20a, METHOD OF DISPOSITION
1 LABuriat 2 Cremation 3 Removal from State
4 Denation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State lery, cremetory or other place) Loudon Park Cemetery Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that sused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Myobacterium avium intection resulting in death) DUE TO (OR AS A CONSEQUENCE OF ACQUITED IMMUNI Immunodeficiency syndrome PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not reculting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TYES 2 T NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending Investigat 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 8 Could not be COMPLETED

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julie 1985 100 3 3 19 WHE RE

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurs at the time, deta and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

839

29d. DATE SIGNED (Month, Day, Year)

7400

11-11-9

Rm

THE TO THE PER FILED

23

BE

2

4 Homicide 29a, CERTIFIER

URE AND HITE OF CERTIFIER

TOP

		FOR
1	_	STATE
U	_	DECISTRAD

ITEMS: 4,6,7 PER INFORMANT G-694 12/2/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 3734 DOLFIELD AVE. 21215 10d. STREET AND NUMBER 3734 DOLFIELD AVE. 21215 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10	3. TIME OF DEATH 9929:55 a. BIRTHPLACE (State or Fore) Country) MD JINTY OF DEATH 10d. INSIDE CITY LIMITS? 1\(\times\) YES 2 \(\times\) NO TIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify BLACK
4. SOCIAL SECURITY NUMBER 2.12	a BIRTHPLACE (State or Foreign Country) MD INTY OF DEATH 10d. INSIDE CITY LIMITS? 1)(XYES 2 NO ILZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify BLACK
98. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 90. COL 3734 DO	Country) MD INTY OF DEATH 10d. INSIDE CITY LIMITS? 1\(\time\) YES 2 \(\time\) N ILZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify BLACK
STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10c. STREET AND NUMBER 3734 DOLFIELD AVE. 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 \(\) NO 1 YES 2 \(\) NO No Specify: 1 YES 2 \(\) NO No Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify: 1 YES 2 \(\) NO NO Specify:	10d. INSIDE CITY LIMITS? 1)_\XYES 2 \ NO FIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify B.L.A.C.K.
100. STREET AND NUMBER 3 7 3 4 DOLFIELD AVE. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Dolvorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Markcan, Puerto Rican, etc.) 14. Was pecify Cuban, Markcan, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/IN 17. FATHER'S NAME (First, Middle, Last) HERMAN HARRIS 19a. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 19b. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, State, Zith And Companies of the Complete of the Complete of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Compa	LIMITS? 1) CYES 2 NO NOTIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify B.L.A.C.K.
100. STREET AND NUMBER 3 7 3 4 DOLFIELD AVE. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Dolvorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Markcan, Puerto Rican, etc.) 14. Was pecify Cuban, Markcan, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/IN 17. FATHER'S NAME (First, Middle, Last) HERMAN HARRIS 19a. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 19b. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, State, Zith And Companies of the Complete of the Complete of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Companies of the Compa	LIMITS? 1) CYES 2 NO NOTIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify B.L.A.C.K.
10e. STREET AND NUMBER 3 7 3 4 DOLFIELD AVE. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Dolvorbed 12. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Governdary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Lest) HERMAN HARRIS 19a. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 101. ZIP CODE 2 1 2 1 5 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxican, Puerto Rican, etc.) If yes a pecify Cuban, Maxi	U.S.A. 14. RACE — American Indian, Black, White, etc. Specify B L A C K
Specify only highest grade completed 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/IN (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity of Town, State, Zity	14. RACE — American Indian, Black, White, etc. Specify: BLACK
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) 12 th 17. FATHER'S NAME (First, Middle, Lest) HERMAN HARRIS 19a. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zith Additional Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	14. RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Lest) HERMAN HARRIS 19a. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street and Number or Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Route Number, City or Town, State, Zith Street Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural	·
12th 17. FATHER'S NAME (First, Middle, Lest) HERMAN HARRIS 18. MOTHER'S NAME (First, Middle, Maiden Surname) GLADYS HOLTON 190. INFORMANT'S NAME (TyperPrint) HERMAN HARRIS 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Zity or Town, State, Z	
PERMAN HARRIS GLADYS HOLTON 196. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zi 3734 DOLFIELD AVE. BALTO. MD	
19a. INFORMANT'S NAME (Type/Print) HERMAN HARRIS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zi 3734 DOLFIELD AVE. BALTO. MD	
P HERMAN HARRIS 1996. MAILING ADDRESS (Street and Number or Flural Pouts Number, City or Town, State, Zi 3734 DOLFIELD AVE. BALTO. MD	
3734 DOLL TEED AVE. BALTO. MD	
20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION —	
1 D Burist 2 Cremation 3 Removal from State	- City or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
MARCH FUNERAL HOME-WEST	
23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory at	MD 21215
shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MUTTUE IN JULIES DUE TO (OR AS A CONSEQUENCE OF):	Interval Bett Onset and I
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 - NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 \(\text{NO} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 EN/Outpatient 3 DOA 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) 1 NJURY WORK?	
OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
a 2 Accident Investigation 1 1 09 1992 9:48P 1 Tes 2 XNO Subject prec	window iparated fr
U 4 Homicide determined City or Town, State)	
29e. CERTIFIER 1 CERTIFYING BUYSICIAN TO the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the	
29s. CERTIFIER (Check only one) 2 \(\overline{\text{MEDICAL EXAMINER:}} \) On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated one) 2 \(\overline{\text{MEDICAL EXAMINER:}} \) On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to to	
	TE SIGNED (Month, Day, Year)
36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 37) (Tylin, Prot)	1 10 1992
marin to Carlot Dellas	
31. DATE FILED (1977, Pay, 1997) 1992 32, ABGUST PARTS SIGNATURE AND AND AND AND AND AND AND AND AND AND	vland 2120

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTA	L HYGIEN			
	1	1. DECEDENT'S NAME (First, Middle, Last) Sylvester	GRZYMSK	I			2. DATE MONT			EAR 92	TIME OF DEATH
should		4. SOCIAL SECURITY NUMBER 198-10-9363 9s. FACILITY NAME (if not institution, give	5. SEX 6. AGE (In 1 M 2 G F 74	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	Jul	OF BIRTH h, Day, Year)	8.	Country) Penn	CE (State or Foreign
65,	TOR	Franklin Square			Rossvi		- AIR				re County
t. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT		10c, CITY	, TOWN OR LOCA	TION					d. INSIDE CITY LIMITS? YES 24 TO NO
it permit.	RAL	10e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZEI		T COUNTRY?
5-0020 nding physician. is the burial-transit	Y FUNERAL	356 Upper Landin 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 1 Yes IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC	21221 CENDENT OF HISPAL Heckly Cuben, Mexics 3 24 NO Specif	an, Puerto I	17 (Specify Yer Ricen, etc.)	U. S.	RACE -	American Indian, hite, etc.
21 st st s	FED BY	15. DECEDENT'S EDI (Specify only highest grad	CATION 1	6a. DECEDENT'S	USUAL OCCUPATION done during me	ON and warding	166	. KIND OF BU	SINESS/INDUS		White
0 g g	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use		NO. 11045		Packag	ing Co	moan	v
YLAN by the hor be detach at once.		17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA					
AR ained hould	TO BE	Martin Gryzmsk: 19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (Street a	Stella and Number or Rural	Route Numi	ber, City or Tow	n, State, Zip Co	ode)	
9e 5 m	F	Emma F. Grzym	ski			nding Ro					
e 6 m ector.		20. METHOD OF DISPOSITION 1 Disposition 3 Ren 4 Donation 9 Other (Specify) 27. SIGNATURE OF FURBIAL SERVICE	Gar	ery, cremetory or off	Faith	Cem. 11/	17/19		cation — ch altimo		
death.		Dechenff)	noh		Bruz	dzinski	Funer			Marri	land 21221
y filled in by thion, or remo		IMMEDIATE CAUSE (Fine) disease or condition	complications that coused to the only one cause on each a. Metastat	h iine.	ot enter the mo	ode of dyling, suc	h as care	diac or resp	ratory arres	,	Approximate Interval Between Onset and Death
ompletely if, cremati		resulting in death)	DUE TO (OR AS A C			Jancer					
OX 6876 be be executed sician and confider to burial, traumatic or	TION	Sequentially list conditions, if any, leading to immediate	Sepsis DUE TO (OR AS A C	ONSEQUENCE OF):						
certificate ding physique p tygiene p	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	ONSEQUENCE OF):						
DS, the dear the att Menta	AL CE	PART II. Other significant condition	ns contributing to death but	not resulting in	the underlyin	g ceuse given in	Part I.	24a, WAS AN			THE AUTOPSY FINDINGS
signed by Health ar	MEDIC		Heart Failu Heart Disea				_	1 TYES 2		CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
The law require has been ate Dept. of em 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	LACE OF DEATH (Ch	ack only on				
VIIAN: The State he State or Item	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 XInpatient 2 = ER/Outpeti		OTHER:	ne 5 🗆 Residence					
NG PHYSIC frer this cer sath with th		27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT ORK? YES 2 NO	26d. DES	SCRIBE HOW I	NJURY OCCUP	NEO	
TTENDII CTOR: A after de 28 is	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify,	At home, farm, st			26t. LOC. City	ATION (Street or Town, State)	and Number or	Rural Route	Number,
SPITAL DR / NERAL DIRE hin 72 hours NT: If Itom	COMPLET		ICIAN: To the best of my knowled							ause(s) an	d manner as stated.
# 2 P	8	296. SIGNATURE AND TITLE OF CERTIFIE	Son My	mp		29c. LICENSE NUI	MBER		29d. DATE \$	IGNED (MO	onth, Day, Year)
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	5	Gabriel Sou				quare	Driv	е Ва1	timor	^e 2	1237
at !		31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATION DAVIDOR DAVIDOR DAVIDOR DAVIDOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	Renda 82							

The constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitu

the return trees are a restaurant

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIF	TOATE OF	7	REG. NO	·	3. TIME OF DEATH
	Harlie	Barnett		G	amble	11 11	19	92 4:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	T,	B. BIRTHPLACE (State or Foreign
	214-64-8664	1 💢 M 2 🗆 F	37 YRS.	MONTHS DAYS	HOURS MIN.	Jun 2 1	955	Maryland
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH
CTOR	Anne Arundel	General		Anr	napolis		Anı	ne Arundel
Di Di	10a. STATE 10b. COUN	TY	10c. CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY
DIREC	Maryland Ann	ne Arundel		Annapo	olis			IN YES 2 NO
¥	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	1226 Green Ho	olly Drive			21401		U	SA
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X YE			CENDENT OF HISPANI pacify Cuban, Mexican	C ORIGIN? (Specify Ve		14. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			S 2 NO Specify:			Specify:
	15. DECEDENT'S ED	HICATION	T see DECEDENTS	USUAL OCCUPAT	201	T		Black
	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during n	nost of working	16b. KINO OF BU	JSINESS/INDU	STHY
립	High School	College (1-4 of 5+)	Comput	er End	ineer	Tad T	echn	ical Servi
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		
lut.	Harlie Gamble	9			Della	Johnson	1	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		oute Number, City or To		Code)
F	Vera L. Gambl		1226	Green	Holly	Dr. Ann	apol:	is, MD 2140
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rec	moval from State	10b. PLACE AND DATE	other place!				ity or Town, State
	4 Donation 5 Other (Specify)		Arbutús	Memor	ial park	11/16	<u>Balti</u>	more Co, M
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		22. NAME	ANO ADDRESS OF FAC	Nutter	Fune	ral Homes I
	Ennest		4	1 7 2 0 1	Liwynns	HALLS F	ノコアドなる	T7 C
	Civino	11 (8	w	Balt	imore,	MD 2121	.6	a y
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caus	sed the death. Do	Balt not enter the m	Gwynns imore, I	MD 2121	olratory arre	st, Approximate
	shock, or heart fallure IMMEDIATE CAUSE (Final		sed the death. Do	Balt not enter the m	imore,	MD 2121	olratory arre	st, Approximate Interval Between
	shock, or heart failure	complications that cause or Liat only one cause or a. DOXEPIN IN	sed the death. Do neech line.	not enter the m	imore,	MD 2121 as cardlec or reep	oliratory arre	st, Approximate Interval Betw
	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition	complications that cause or Liat only one cause or a. DOXEPIN IN	sed the death. Do	not enter the m	imore,	MD 2121	olratory arre	st, Approximate Interval Betw
	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	a. DOXEPIN IN	TORICATION	not enter the m	imore,	MD 2121	Olratory arre	st, Approximate Interval Betw
CATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DOXEPIN IN	sed the death. Do neech line.	not enter the m	imore,	MD 2121	6 oliratory arre	st, Approximate Interval Betw
CATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DOXEPIN IN DUE TO (OR A.	TORICATION	not enter the m	imore,	MD 2121	6 Soliratory arres	st, Approximate Interval Betw
CATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DOXEPIN IN DUE TO (OR A.	TORICATION S A CONSEQUENCE O	not enter the m	imore,	MD 2121	6 Siratory arres	st, Approximate Interval Betw
CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	TORICATION S A CONSEQUENCE O	not enter the m	ode of dying, such	a a cardlec or reep	olratory arre	st, Approximate Interval Betw Onset and De
CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	TORICATION S A CONSEQUENCE O	not enter the m	ode of dying, such	Part I. 24a. WAS AI	NAUTOPSY	st, Approximate Interval Betw Onset and D
DICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	TORICATION S A CONSEQUENCE O	not enter the m	ode of dying, such	part I. 24a. WAS AI	NAUTOPSY	Approximate Interval Betw Onset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest a
MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	TORICATION S A CONSEQUENCE O	not enter the m	ode of dying, such	Part I. 24a. WAS AI	NAUTOPSY	St, Approximate Interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De O
AN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO	TORICATION S A CONSEQUENCE O	not enter the m	ode of dying, such	Part I. 24a. WAS AI PERFO	NAUTOPSY	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
SICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	not enter the m F): F): in the underlyi OTHER:	ng ceuse given in f	Part I. 24a. WAS AI PERFO	NAUTOPSY	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
HYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH	DUE TO (OR A: DOSPITAL: Indications that cause or cause or cause or cause or a. DOXEPIN IN DUE TO (OR A: DUE TO (OR A:	Sed the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the death. Do a sect the d	OTHER: OF DESCRIPTION OF SEC. 18	ng ceuse given in f	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2
HYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	DUE TO (OR A: DOSPITAL: Inpution: 2 DERIO DUE TO INDUE TO (OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE TO OR A: DUE	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho RE OF 28c. W	ng ceuse given in f	Part I. 24a. WAS AI PERFO 1 TES	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Sprinding Invastigation 3 X Suicide S Could not be	DUE TO (OR A: DOSPITAL: 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 Inpatient 2 PRIVITE 1 I	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho EOF 28c. R URY 1 M	ng ceuse given in i	Part I. 24a. WAS AI PERFO 1 VES Ck only one) B Other (Specify) 28d. DESCRIBE HOW UNKNOWN	N AUTOPSY RMED? 2 NO	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A: D. DUE TO (OR A	TOKICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho EOF 28c. R URY 1 M	ng ceuse given in i	Part I. 24a. WAS AI PERFO 1 VES Ck only one) B Other (Specify) 28d. DESCRIBE HOW UNKNOWN	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 X Suicide 4 Homicide S Could not be determined	DUE TO (OR A: DOSPITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 Inpatient 2 PRIVITAL: 1 I	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho E OF 28c. if JURY 1 street, factory, off	ng ceuse given in f	Part I. 24a. WAS AI PERFO 1 VES CK only one) B Other (Specify) 28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State	NAUTOPSY RMED? 2 NO INJURY OCCU and Number of 1226 G ANNAPO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO UREO W Rurel Route Number, SREEN HOLLY
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Standard 2 Accident Invastigation 3 X Suicide S Could not be determined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSI	DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho RE OF 28c. # JURY 1 street, factory, off	ng ceuse given in f	Part I. 24a. WAS AI PERFO 1 VES Ck only one) 6 Other (Specify) 28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State to the cause(a) and ma	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural Standard 2 Accident Invastigation 3 X Suicide S Could not be determined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSI	DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho RE OF 28c. # JURY 1 street, factory, off	PLACE OF OEATH (Cheme 5 Residence (IJURY AT YES 2 NO lice	Part I. 24a. WAS AI PERFO 1 VES Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State) to the cause(a) and mailine, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W. Rural Floute Number, REEEN HOLLY LS MD. d. cause(a) and manner as stated
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DOXEPIN IN DUE TO (OR A: b. DUE TO (OR A: c. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. DUE TO (OR A: d. D	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: 4 Nursing Ho AE OF JURY M 1 street, factory, off	ng ceuse given in f	Part I. 24a. WAS AI PERFO 1 VES Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State) to the cause(a) and mailine, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DOXEPIN IN DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR A: DUE TO (OR	TOXICATION S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S	OTHER: OTHER: OTHER: M 1 street, factory, off red at the time, de on, in my opinion,	PLACE OF OEATH (Cheme 5 Residence (IJURY AT ORK? YES 2 NO lice 29c. LICENSE NUM O . C . M	Part I. 24a. WAS AI PERFO 1 VES Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State) to the cause(a) and mailine, data and place, a	INJURY OCCU	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO JREO W. Rural Route Number, REEN HOLLY OLLY JELS MD. d. cause(a) and manner as stated SIGNED (Month, Day, Year) 1 2 / 1.992

9 IFFE 6 21 1

THE SECOND SECOND

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial processing the processing property of the processing processing the processing processing the processing processing the processing processing the processing processing the processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing processing p
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It is the this certificate has been signed by the attending physician and completely filled in by the funeral records and completely filled in by the funeral records and the State death with the State Opt. of Health and Mental Hyghene prior to burial, cremation, or removal.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TR The law to DRECTION: After this certificate has been signed by the attending physician and completely files Tours after death with the State Oept. of Health and Mental Hyglene prior to burial, cremation, Hear 28 is marked, or Hear 23 shows any Inliny, or other traumelle event, the
A STENDING PHYSICIAN: The law requires that the death certificate be exe DRECTION: After this certificate has been signed by the attending physician an Ze hours after death with the State Oper, of Health and Mental Hyglene prior to the Hearn 28 is marked, or Nem 23 shows any Injury, or other traums
ATTENDING PHYSICIAN: The law requires that the death the control of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part o
ATTENDING PHYSICIAN: The law requires the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st
A STATE OF ATTENDING PHYSICIAN: The law the confidence has been been confident has a fee death with the State Opposite them 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited, or flem 28 is merited.
OR ATTENDING PHYSIN DIRECTOR: After this ca A hours after death with t Hem 28 Is marked
DR ATTEN OR ATTEN OR ATTEN TE hours after Hem 28 I
3

	HEGISTHAH		CE	INTIF	CALE	OF	DEATH	REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DA	W	YEAR	3. TIME OF DEATH
	Laura Marga		artman	1				Nov. 16		992	2;52 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH Country	PLACE (State or Foreign
	212 09-7470	YRS.		LINE	moons and.	July 3,1	1911		yland		
	9a. FACILITY NAME (If not institution, give s	treet end number)	_		9b. CITY, TOWN DR LOCATION OF DEATH 9c, COUNTY OF DEATH					EATH	
Francis Scott Key Ba							imore		1		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md a Baltimore Dundalk 10d.											
								10d. INSIDE CITY LIMITS?			
								1 YES 2 NO			
10s. STREET AND NUMBER 2557 Liberty Pkwy. 10f. ZIP CODE 21222 10g. CITIZEN OF WHAT U • S • A • 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Maritad 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — A Black, Whi Black, Whi 15. Was pecify Cuben, Mexican, Puerto Rican, etc.)											
Z I	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN IT C AD	MED	1 49 14	#6 DEG		IC ORIGIN? (Specify Yes			
I	1 Never Married 2 Married	FORCES? 1	YES 2 X		H	yes, spe	city Cuban, Mexicar	, Puerto Rican, etc.)	or No.	Black	— American Indian, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 11	_ YES	2 NO Specify			Specif	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCC			16b. KIND OF BU	SINESS/IND	USTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe.	Do NOT use	ork done du retired.)	inng mo:	st of working				
M M				Sean	nstr	ess		Inte	rio	r De	corator
S	17. FATHER'S NAME (First, Middle, Last)					70-1-	18. MOTHER'S NAI	ME (First, Middle, Maiden			
BE	John Edward (reswell					Anna	Kreckle	er		
2	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street e	nd Number or Rural R	loute Number, City or Tow	n, State, Zip	Code)	
-	Wilfred Hartn			2557	Lil	ber	ty Pkwy	. Dundal	k, I	√ld•	21222
	20a METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem	oval from State	20b. PLACE	ND DATED	F DISPOSIT	TION (Na	me of	DATE 20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		Union	Cha	pel			11/19 H	larfo	ord	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11		22. N	OC O	DADDRESS OF FAC	Funeral	Home	e of	Dundalk
	I Cat	mel	ly-		7:	110	Soller	s Point	Rd.	Dun	dalk, Md.
	23. PART i. Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus a	e on/each line			the mo	de of dying, suct	as cardiac or resp	iratory arr	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF):										
	PART ii. Other significant condition	s contributing to c	leath but not r	eaulting is	n the und	leriying	cause given in			24b.	WERE AUTOPSY FINDINGS
EDICAL	Chance Obs	Metive	Pul.	n	0,50	45	e	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											1 YES 2 NO
÷ l											
	25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (Che	ck only one)			
중		1.00-									
SICIA	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		5 - Residence	6 Other (Specify)			
PHYSICIA	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH	1 Department 2 D	NJURY	DOA 28b. TIME	4 - Nursi		URY AT	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OC	CURED	
	EXAMINER?	1 Inpetient 2	NJURY	28b. TIME	4 - Nursi	ng Hom 28c. INJI WO	URY AT		NJURY OC	CURED	
B	EXAMINER OF DEATH 27. Manner OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE DF I (Month, Day	NJURY	285. TIME INJ	4 Nursi	ng Hom 28c. INJI WO 1 1	URY AT RK? 'ES 2 NO		and Number		loute Number,
ED BY	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF I (Month, Day	NJURY , Year)	285. TIME INJ	4 Nursi	ng Hom 28c. INJI WO 1 1	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	and Number		loute Number,
ED BY	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	28a. DATE DF I (Month, Day 28a. PLACE OF building, e	NJURY , thar) INJURY — At ho tc. (Specify)	26b. TIME INJI me, farm, s	4 Nursi	ng Hom 28c. INJ WO 1 1 1	JRY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	and Number	or Rural R	toute Number,
ED BY	EXAMINER? 1 VES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE DF I (Month, Da) 28a. PLACE OF building, e	NJURY , Year) INJURY — At ho tc. (Specify)	28b. TIME INJU	4 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Se	ng Hom 28c. INJI WO 1 1 7	URY AT RK? VES 2 NO	28d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) to the cause(e) and mai	and Number	or Rural R	
COMPLETED BY	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSI	28s. DATE DF I (Month, Ds) 28s. PLACE OF building, e	NJURY , Year) INJURY — At ho tc. (Specify)	28b. TIME INJU	4 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Section 1 Nursing Se	ng Hom 28c. INJI WO 1 1 7	URY AT RK? VES 2 NO	28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, Stele) to the cause(e) and mai time, date end place, er	and Number	or Rural R	
BE COMPLETED BY	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE DF I (Month, Day 28a. PLACE OF building, e	NJURY , / Year) INJURY — At ho to. (Specify) ry knowledge, de imination and/or i	28b. TIME INJU	4 Nursil E OF M Attreet, factor d at the time, in my opi	ng Hom 28c. INJI WO 1 1 7	ORY AT RK? ES 2 NO end place, and due asth occured at the	28d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) to the cause(e) and mai time, date end place, er	and Number	or Rural R) end menner se stated.
BE COMPLETED BY	EXAMINER? 1	28a. DATE DF I (Month, Day 28e. PLACE OF building, e	NJURY / Veer) INJURY — At ho to. (Specify) my knowledge, de imination and/or i	28b. TIME INJU	4 Nursil E OF M Arrect, factor d at the tim	ng Hom 28c. INJ WO 1	URY AT RRY? FES 2 NO end place, and due asth occured at the	28d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) to the cause(e) and mai time, date end place, er	and Number	ed. Hed. E SIGNED) end menner se stated. (Month, Day, Year)
COMPLETED	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	28a. DATE DF I (Month, Day 28e. PLACE OF building, e	NJURY / Veer) INJURY — At ho to. (Specify) my knowledge, de imination and/or i	28b. TIME INJU	4 Nursil E OF M Arrect, factor d at the tim	ng Hom 28c. INJ WO 1	URY AT RRY? FES 2 NO end place, and due asth occured at the	28d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) to the cause(e) and mai time, date end place, er	and Number	ed. Hed. E SIGNED) end menner se stated. (Month, Day, Year)
BE COMPLETED BY	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE DF I (Month, Day 28e. PLACE OF building, e	NJURY / Veer) INJURY — At ho to. (Specify) my knowledge, de ministion and/or i	ath occurre investigation	4 Nursil E OF M Arrect, factor d at the tim	ng Hom 28c. INJ WO 1	URY AT RRY? FES 2 NO end place, and due asth occured at the	28d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) to the cause(e) and mai time, date end place, er	and Number	ed. Hed. E SIGNED) end menner se stated. (Month, Day, Year)

all all en 61 + 361

0
9
~
68760
20
Q)
õ
BOX
~
0
0
σ.
-
S
0
CC
0
15
RECO
ш
er.
1
TAL
Q.
_
-
-
-
LL
<u></u>
0
_
Z
0
U
SION
S
-
>
_

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1	the second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
THE HOSPITAL OR ATTENDING PHYSICIAN: The law	THE FUNERAL DIRECTOR: After this certificate has I be filed within 72 hours after death with the State Dept	nesopprante, it them no to me Lond on them no
7	10	

							92	2 31763
Ã	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH		ENTAL HYGIENI REG. NO.	E	
i i	1. DECEDENT'S NAME (First, Middle, Last)				1	2 DATE OF DEATH	Y _ YE	3. TIME OF DEATH
		Hersl, Jr.			1	NOV.13, 13	92 "	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	IST birthday) IF UND MONTHS		Adday	7. DATE OF BIRTH (Month, Day, Year)	C	NRTHPLACE (State or Foreign country)
ij	219-16-2588 9e. FACILITY NAME (If not institution, give si	71	100	TY, TOWN OR LOCAT		02/14/25	9c. COUNTY	aryland
N C				timore C		in .	WE. COUNTY	OF DEATH
5	1213 Ostend Stree RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY		10c. CITY, TOWN					
DIRECTOR		imore City	Bal	timore				10d. INSIDE CITY LIMITS? 1 TYES 2 NO
	10e. STREET AND NUMBER			101. ZIP COI				OF WHAT COUNTRY?
FUNERAL	1213 Ostend Stree	}t		212			U.S.A	۸.
표	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	PMED 1:	3. WAS DECENDENT If yes, specify Cub	OF HISPANIC on, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATES		1 TYES 2 NO	NO Specify:			Specify:
ETED	15. DECEDENT'S EDUC (Specify only highest grade		ECEDENT'S USUAL	OCCUPATION	don	16b. KIND OF BUS	INESS/INDUSTI	RY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		e during most of work .)	ung			
COMPL	17. FATHER'S NAME (First, Middle, Last)	0 Med	chanic			Trucking	-	
D I	William C. Hersl	Gr				reitenbach		
00	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING AOORE			ute Number, City or Town		0)
٤	Florence M. Hers	1	213 Oste	nd Stree	t Ba	altimore,	MD	21230
- 3	20e. METHOD OF DISPOSITION 1 © Burlel 2 □ Cremetion 3 □ Reme	oval from State comptent of	AND DATE OF DISPO	-1		OATE 20c. LOC		
- 3	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	IMost	Holy Rec	eemer Ce	meter	v 11/16 Ba	altimor	e City, MD
	Salarione Si Tonenae Service Ele	F.	\mathcal{L}	TIO TT	Ambro	se Funeral	L Home	of Lansdowne
	22 DART V Feter the discusse of	The Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract o						ne, Md. 21227
		complications that caused the d List only one ceuse on each lin	eath. Do not ent	er the mode of d	ying, such a	as cardiec or respir	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finei disease or condition	MUMA	dial	intro	> 1/2			Onset and Death
	resulting in death)	DUE TO (OR AS A CONS	EQUENCE OF):	11/1/1/	01100	1		
Z	Conventiolly list and distant	· Atheroseter	whe (Ardion	MASU	lar di.	sease.	
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE						
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A CONSE	EQUENCE OF):					
	resulting in death) LAST	d						
LCE	PART II. Other aignificent condition		resulting in the	underlying cause	alven in Pr	ert I. 24e, WAS AN	ALITTOPEV	24b. WERE AUTOPSY FINDINGS
S	1	. ()				PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	SP recent	vented horn	11A rex	min		1 TYES 2	Жио	OF DEATH?
	-11					- 1		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	L mm. W	26. PLACE OF	DEATH (Check	k only one)		
YSI	1 TYES 2 AND	1 Inpetient 2 ER/Outpetient		ursing Home 5		Other (Specify)		
	27, MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		88d. DEŞCRIBE HOW IN	JURY OCCURE	SD .
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At h	ome, farm, street, fa	1 YES 2		81. LOCATION (Street a	nd Number or R	ural Route Number
ETED	4 Homicide 6 Could not be determined	building, atc. (Specify)				City or Town, State)		
립	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, d	leath occurred at the	time, date end plac	e, end due to	the cause(e) and man	ner as stated.	
COM		R: On the besis of examination and/or						use(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	an MO		29c. LK	CENSE NUMB	ER	29d. DATE SIG	INED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	ted 101	Pag 070 /70 000		278	40	> 11	113192

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

he Tavidon Roders

NBV 1 6 1992

21230

GIVD BARTMO

DHMH-18 Rev 1/89

717	al or afte	for use a		
DALLINGOL, MARITAND AIA	THE POSTINE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	THINEAN CHECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a comment of normal page with the State Deat, of Health and Mental Hydiere prior to burial, cremation or removal	Once.	
	etained by	should be	otified at	
L'SU	may be r	or, page 5	ust be n	
	h. Page 6	eral direct	niner m	
ו נ	after deat	by the fun	ical exar	L
	24 hours	y filled in	the med	
500	uted within	completed	c event,	
5	e be exect	sician and	traumati	
)	n certificat	Hyalene p	or other	
	the death	y the atte	Injury,	-0
	quires that	n signed t	ows any	0.020
	The law re	te has bee	ım 23 st	
	IYSICIAN:	is certifica	ed, or it	107110
	NDING PH	R: After this	Is mark	700
600000000000000000000000000000000000000	OR ATTE	NE TUNE PAL DIFFCTURE After this certificate has been signed by the attending physician and completely filled in by the fill the more many than a hour after death with the State Deat, of Health and Newtal Hydlene prior to burial, cremation, or removal	DETECT. It is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
1	HOSPITAL	HUNESAL MITTER 72	BOYT: II	2011
[艺	3/3	8	U

92 31764 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

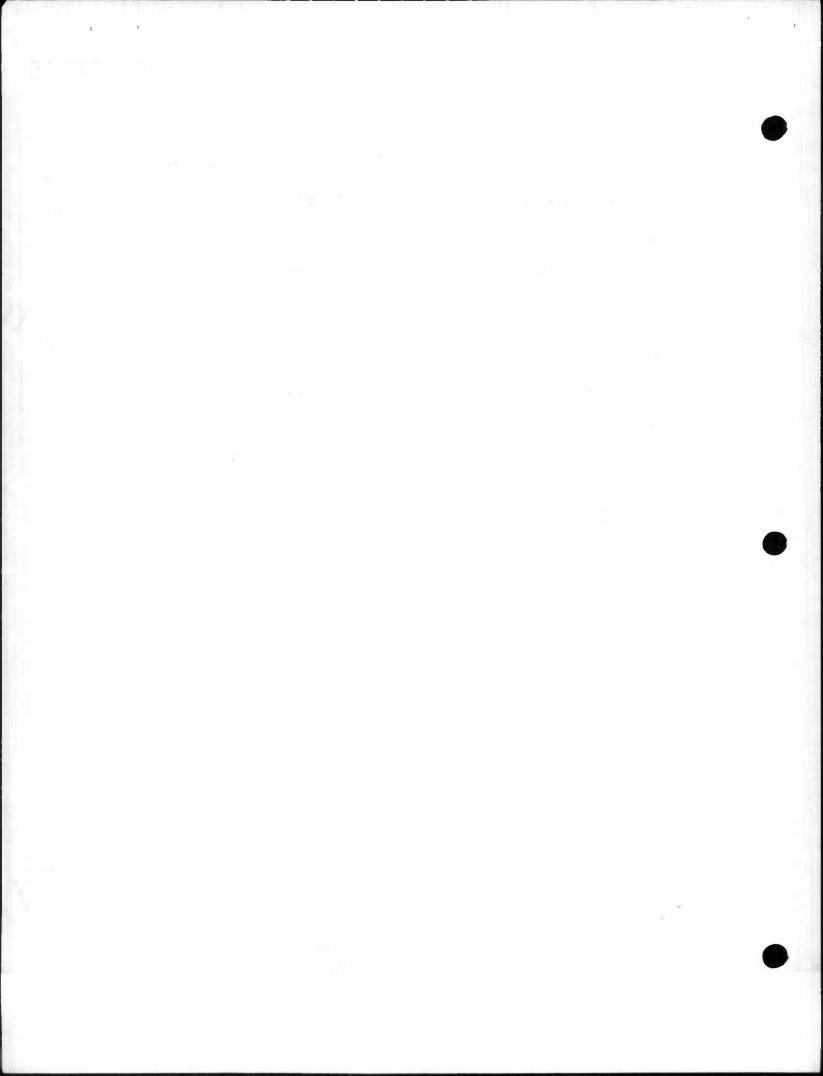
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	32 31764
	1. DECEDENT'S NAME (First, Miqdle, Lest)	C	HAY	ES	2. DATE OF DEATH MONTH	92 3. TIME OF PEATH
		5. SEX 6. AGE (In yrs. In 1 M 2 D + 83	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give stre	et and number)		TY, TOWN OR LOCATION OF D		DUNTY OF DEATN
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN		•	10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	WOFTH AV	1 104	10f. ZIP CODE		TIZEN OF WHAT COUNTRY?
BY		12. WAS DECEOENT EVER IN U.S. A FORCES? 1 YES IF YES, GIVE WAR OR DATES	RMED 1	3. WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic 1 YES 27 NO Speci	NIC DRIGIN? (Specify Yea or No- en, Puerto Ricen, etc.)	
COMPLETED	15. OECEDENT'S EDUCA (Specify only-highest grade of Elementary/Secondary (0-12)	ompleted) ((ECEDENT'S USUAL Give kind of work done to Do NOT use retired	an during most of working	18b. KINO OF BUSINESS/I	NDUSTRY
BE COM	17. FATNER'S NAME (First, Middle, Last)	effers	LABOR	18. MOTNER'S N	AME (First, Middle, Malden Surname,	Suppl
10	19a. INFORMANT'S NAME (Type/Print) ROV JCFA	IKS 2	3914	SS (Street and Number or Rural	Route Number, City or Town, State, AVC By HC	210 Cools 21213
	20a. METHOD OF DISPOSITION 1	6-10	AND DATE OF DISP ematory or other place		OATE 20c. LOCATION	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICES Betts	nexal hes	me 2	2. NAME AND ADDRESS OF F	Canaline	54.
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE OF): OUENCE OF):		n as cardiac or respiretory a	Approximate interval Between Onset and Death
L CERT	resulting in death) LAST d. PART II. Other significant conditions	contributing to death but not	resulting in the	underfying cause givan in	Part I. 24a. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
CIAN: MEDICA	CHF				PERFORMED? 1 Yes 2 ND	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 ☐ YES 2 ☑ NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE DF DEATH (C)	eck only one)	
PHYSI	1 TYES 2 NO 1	Impatient 2 ER/Outpatient 3		ursing Home 5 🗆 Rasidenca		
	1 Netural 5 Pending	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY O	CCURED
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa		28f. LOCATION (Street and Numb City or Yown, State)	er or Rural Route Number,
COMPLET		AN: To the best of my knowledge, de				inted. the cause(a) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	M MD		29c. LICENSE NU AS2402	321 JH971	NTE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO AT A DATE FILED (Month, Day, Year)	ger St	nai	Hospital	of Balt	unor
	NOV 1 6 1992	32. REGISTRAR'S SIGNATURE	2	/		

en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya de la companya

The section of the second section of the second

•
~
0
m
-
0
-
О.
-
S
0
الجا
Œ
0
2
0
RECORD
~
4
_1
Ā
—
>
11
-
0
_
Z
0
0
<u>S</u>
0)
_
_
0

		1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR CERTIFI	MENT OF H	EALTH AND I		G. NO.	72 01700
	N.	1. DECEDENT'S NAME (First, Attivitie, Last)	Herbert J.	Haupt			2. DATE OF DOMONTH	EATHNOV.14	19923. TIME OF DEATH
pin	Į	215-01-8002	№ 2 □ F 80	: last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, NOV • 12	2,1912	B. BIRTHPLACE (State or Foreign Country) Maryland
2, 3 sho	TOR	9a. FACILITY NAME (If not institution, give street Mercy Medical Cer				ltimore	ATH	9c. COU	NTY OF DEATH
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	HESIDENCE OF DECEDENT 100. STATE Maryland Bal	timore	12.10	town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
nsit permit	FUNERAL	100. STREET AND NUMBER 7022 Heathcoate				. ZIP CODE 21087		10g. CITI	ZEN OF WHAT COUNTRY? U.S.A.
5 a	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED		ENDENT OF HISPAN	n, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: White
ital or attendi	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) N/A	npleted) College (1-4 or 5+)	(Give kind of w life. Do NOT use	Contraction,	ON st of working		OF BUSINESS/INC	
	COMPL	17, FATHER'S NAME (First, Middle, Lest) Frederick Budell	N/A	Inspe	ctor	18. MOTHER'S NA	ME (First, Middle,		lectric
s retained by 5 should b notified a	TO BE	19a. INFORMANT'S NAME (Type/Print)	rife)			Elizabe nd Number or Rural P Date Driv	Route Number, Cl	ty or Town, State, Zip	*
age 6 may be director, page or must be	- 1	20a METHOD OF DISPOSITION 1 Å Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b. PL 4	CEANDDATEO	FDISPOSITION (Na.	me of	DATE	20c. LOCATION —	
r death. P le funeral al. examin	1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		Schit	nunek Fur Belair I	neral H	lomes, Ir	nc.
icate be executed within 24 physician and completely fill by prior to burial, cremation or traumatic event, the	CERTIFICATION	23. PART i. Enter the diseases, or conshock, or heart failure. Lis immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		NSEQUENCE OF	rrby;			or respiratory an	Approximate interval Between Oneet and Death MINURS ARYSMONTHS YEARS
	MEDICAL CER	PART II. Other algorificant conditions of St. Dleed	contributing to death but n	ot resulting l	n the underlying	g cause given in	176-	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law certificate has b h the State Dept. d, or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL:	# 3 □ DOA	OTHER:	ACE OF DEATH (Ch			
NG PHYSICIA fler this certil eath with the marked, or	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ			E HOW INJURY OC	CURED
TTEND TOR: A after d	ETED E	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY A building, etc. (Specify)	t home, ferm, s	treet, factory, office		28f. LOCATION City or Tox		or Rural Route Number,
RETAL OR A	COMPLI		N: To the best of my knowledge On the basis of examination and						ted. ne cause(s) and manner sa stated.
N PO	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER KOLLY COLLY 30. NAME AND ADMAESS OF PERSON WHO CO	mo / Ho	use O	fficer	29c. LICENSE NUI	IBER	29d, DAT	E SIGNED (Month, Dey, Year)
√()		15al Nyn Colhy 31. DATE FILED (Mohit), Day, Year)	MD / ME 34 REGISTRAN S SONATUL	May,		cal Ce	nter	Ball	DMD2/202
		NOV 1 6 1992 gim	Thursday - Maria	/					



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1.2.3 minuted	, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DNOV 1 6 1992

32. REGISTRAR'S SIGNATURE

	FOR						31/66			
_	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	James L. Hicks			2. DATE OF DEATH MONTH DATE 11	1992	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214-54-4907	5. SEX 6. AGE (in)	_	F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day Year) 2 - 28 - 19	4, Bit	TTHPLACE (State or Foreign unity)			
1	9a. FACILITY NAME (If not institution, give strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly strictly stri			96. CITY, TOWN OR LOCATION OF Baltimore	DEATH	9c. COUNTY O	F DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1140	19e, CITY	TOWN OR LOCATION			10d. INSIDE CITY			
	MD 10e, STREET AND NUMBER			TIMORE			LIMITS?			
FUNERAL	5223 FLORENCE			21215		USA	F WHAT COUNTRY?			
8	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic 1 YES 2 NO Specify NO Specify NO NO NO NO NO NO NO NO NO NO NO NO NO	can, Puerto Rican, etc.)		ACE — American Indian, leck, Whita, atc.			
APLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 completed) College (1-4 or 5+)	Sa. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUS	BINESS/INDUSTR	,			
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) JAMES HICKS JR				ES BIVINS					
TO E	FRANCES B. HIC	KS		FLORENCE AVE			1215			
must b	20b. PLACE AND DATE OF DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of Left of DISPOSITION (Name of L									
medicel examiner must be notified at	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue									
the state of	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
or other traumatic event, ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO IMP AS A CONSEQUENCE OF): DUE TO IMP AS A CONSEQUENCE OF):									
shows eny injury, : MEDICAL CI	PART II. Other significant conditions Dehad	contributing to death but	not resulting in	the underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)					
or Item YSICI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		OTHER: I Aursing Home 5 Residence	6 Other (Specify)					
BY PHY	27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28d. DESCRIBE HOW IF	NJURY OCCURED				
Z8 Is TED	3 Suicide 6 Could not be determined	28e, PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	eet, factory, office	261. LOCATION (Street a City or Town, State)	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
를 볼				at the time, data and place, and du			e(a) and manner as stated.			
E H	296. SIGNATURE AND TITLE OF CERTIFIER	RCIA	11 plax	29c. LICENSE N			ED (Majers, Day, Year)			
₹ 2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM) (Type, F	Print)	. 7 /	14	1/2			

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE UP MA					ALIH AI DEATH		MENIAL	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH
Marliss		Ha	arri	son				НТИОМ	2	8	92	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 I	HRS.	7. DATE O	F BIRTH		B. BIRTI	HPLACE (State or Foreign
215-64-2645	1 ☐ M 2X[XF	44	YRS.	MONTHS	DAYS	HOURS N	AIN.	5 -	27 - 1	948	Count	Ïllinois
Sa. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY, 1	TOWN OF	LOCATION	OF DE				UNTY OF D	
2929 Rayshire	Rd.			В	alt.	imor	۵					
10a. STATE 10b. COUNTY			100	Y, TOWN OR								10d. INSIDE CITY LIMITS?
Md.			В	alti	mor	e						1)CYES 2 NO
10e. STREET AND NUMBER						ZIP CODE				10g. CI	TIZEN OF	WHAT COUNTRY?
2929 Rayshire	Rd.				2	1230					JSA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1.V IF YES, GIVE WA	XYES 2 N		11	yes, spec	NDENT OF H	dexican	n, Puerto Ri	(Specify Young, etc.)	bs or No	Spec	E — American Indian, k, White, atc. My: a C K
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE(CEDENT'S	USUAL OCC	CUPATION	of working		16b, I	KIND OF B	USINESS/II	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Alden	Do NOT us	e retired.)	any most	or working						
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER	'S NA	ME (First, Mi	ddis, Malde	n Sumame)		
19a. INFORMANT'S NAME (Type/Print)		196				d Number or				wn, State, 2	Zip Code)	
DeWayne Spears			292	9 Ra	y s h	ire l	Rd.	-	Bal	timo	re,	Md. 2123
20e. METHOD OF DISPOSITION 1 [X] Buriel 2 Cremation 3 Remarks	oval from State	20b. PLACE A	ND DATE	DF DISPOSIT	FION (Nam	e of		OATE		OCATION -		
4 Donation 5 Other (Specify)		cemetery	· Z	i on	Cem	•		i	L	ands	dow	ne, Md.
21. BIONATURE OF UNERIAL SERVICE LIC	Ebro	n			Mar	ch F, 0 Wal	/ H	West	t ve.			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			Can DUENCE OF	CQ (,	\						
PART II. Other significant condition	s contributing to d	leath but not n	esulting i	in the und	lerlying	cause give	en in i	Part I.		IN AUTOPS	Y 241	. WERE AUTOPSY FINDINGS
				_				_	PERFC	2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF DEAT	H (Che	ck only one,)			
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Reside	ence	s 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day		28b. TIM INJ		28c. INJU WOR	RY AT		_		INJURY O	CCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At holic. (Specify)	me, ferm, s	street, factor	ry, office				TION (Street Town, Stet		er or Aural	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of m											s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	N.					29c. LICENS	E NUM	BER		29d. D/	ATE SIGNES	(Month, Day, Year)
alle A. Fr	les					D414	149				1-12	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITER	4 27) (Type,	Print)			. (
ABBIE L. FICL 31. DATE FILED (MONTH), Day, Year)		House	t 2	01,1	Tohn	s No	pk	145	No	Sp	BuL	To, Mp 21281
NOV 1 6 1992	Julia Daire	son-Hand	ARC									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumstic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

,
9
68760,
BOX
0
8
F VITAL RECORDS, P.O.
9
16
õ
æ
0
0
K
4
Ξ
>
OF
7
ISION
=
Y

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLA REGISTRAR	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	24-1-1111	N. HARRIS	2. DATE OF DEATH DAY	1100						
DIRECTOR	218 05 6796 1 M 2 F 88		3 2 4	BIRTHPLACE (State or Foreign Country) Maryland						
	Sinai Hospital	96. CITY, TOWN DR LOCATION OF Baltimore	DEATH 9c. COU	NTY OF DEATH						
	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO						
FUNERAL	10a. STREET AND NUMBER 2211 W Rogers Avenue	101. ZIP CODE 21209		ZEN OF WHAT COUNTRY?						
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 13. WAS DECENDENT OF HISE 2 NO 13. WAS DECENDENT OF HISE 14 yes, specify Cuban, Mex	PANIC ORIGIN? (Specify Yes or No— Ican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/IND							
OMP	9 17. FATHER'S NAME (First, Middle, Last)	Underwriter 18. MOTNER'S	Insuran NAME (First, Middle, Meiden Surname)	ce Company						
BE	Harry Bear 19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rul	Margaret Vine							
5	The Wesley Home		ue Baltimore,							
	1 \ Buriel 2 \ Cremation 3 \ Removal from State 4 \ Donation 5 \ Other (Specify)	clace and date of disposition (Name of ery, crematory or other place) Loudon Park Cemetery	DATE 20c. LOCATION - 11/14 Balto.	City or Town, Stata						
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	22. NAME AND ADDRESS OF								
2	23. PART I. Enfor the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximeta interval Between Onset and Death Approximeta interval Between Onset and Death									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES AND 1 YES 2 TO THE PROPERTY OF DEATH? 1 YES 2 TO THE PROPERTY OF DEATH?									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: OTHER:									
HYS	1 YES NO 1 Inpatient 2 ER/Outpet 27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 Nursing Nome 5 Residence 28b. TIME OF 28c. INJURY AT	e 8 ☐ Other (Specify) 28d. DE\$CRIBE NOW INJURY OCC	CURED						
B	1 Natural 5 Pending 2 Accident Investigation 2 Replace DE IN Higgs	M 1 YES 2 NO	The Location Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the C							
ETED	3 Suicide 4 Homicide Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, offica building, etc. (Specify)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Dn the best of aximination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
B	29by GONATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Advisor, Chr. 1964)								
2	30. NAME AND ADDRESS OF PERSON/WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Sypo. Print)	RLA CAROL	21117						
	NOV 1 6 1992 July 12 Medium 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND TOTAL	7//4 - 1000 4	01111						



00111 30

de ac.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,		
DIVISION OF VITAL RECORDS, P.O. BOX	68760,	
DIVISION OF VITAL RECORDS, P.O.		
DIVISION OF VITAL RECORDS	, P.O.	4
DIVISION OF VITAL RI	ECORDS	***
DIVISION OF	ITAL R	100
DIVISIO	NOF	A designation
۵	VISIO	
	0	

	REGISTRAR		CERTIFI	CATE O	F DEATH	REG, NO		
- 13	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH D	AY C	3. TIME OF DEATH
	EUGENE	HUGHES				11/10	5 192	12 43 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
- 35	215-30-2191A	10 M 2 🗆 F	92 YRS.	MONTHS DAYS	HOURS MIN.		900	Maryland
- 1	Sa. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH
E C	3452 Auchento	roly Terra	ace	R:	altimore			
CTO	RESIDENCE OF DECEDENT						1	
DIRE	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOC	ATION			10d, INSIDE CITY LIMITS?
	Maryland			Balt:	imore			1 X YES 2 NO
₹	10e. STREET AND NUMBER			1	IOF. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	3452 Auchento				21217			USA
큔	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DI	ECENDENT OF HISPAN specify Cuban, Mexical	IC ORIGIN? (Specify Ye	s or No— 14	RACE — American Indian, Slack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specify			Specify:
ED	2)	1						Black
H	15. OECEDENT'S EDI (Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of w life. Do NOT use	onk done during a	TION most of working	166. KIND OF BU	SINESS/INDUS	STRY
٦	Elementary/Secondary (0-12) Jr High Sch	College (1-4 or 5+)						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Chauf	reur		ME (First, Middle, Meiden		Samily
	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	Ter ede e -				, ,	,	
H	William W. H	lugnes	and the same wife			tie Tibb		
2						Route Number, City or Tox		
	Zelma C. Hugh							to, MD 2121
	1 X Buriel 2 Cremation 3 Ren	noval from State Ce	b. PLACE AND DATE Of emetery, crematory or of	her nlene)				y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	N N	ew Cathe	edral	Cemeter	у Ц/13 Ва	<u>ltimo</u>	re, Maryland
	21. SIGNATURE OF PUNERAL SERVICE L	CENSEE	1.1	22. NAME	AND ADDRESS OF FAC	Nutter	Fune	ral Homes Inc
	Herbert	· E. mi	tter	Bali	timore,	Falls P Maryland	212	16
	23. PART I. Enter the diseases, pr	complications that cause	ed the death. Do n	ot enter the m	node of dying, such	as cardiac or resp	iratory arres	t, Approximata
	Shock, or neert failure. IMMEDIATE CAUSE (Finel	List only one cause on					1 1	Interval Between Onset and Death
	disease or condition	CARAL	MMAAA	0) 9	theo IIT	IMARI	12/000	lder 12 year
	resulting in death)	DUE TO (DR AS	A CONSEDUENCE OF): 0	000	wwy n	·	act la grace
z	And the second second second	h						
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
띨	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
E	resulting in death) LAST	d						
- 1	PART II. Other significant condition	ne contributing to death	but not requising to	a the condental	les seus about	D- 41 D- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
DICAL	Trait in Otto againment concino	- Contributing to death	but not resulting in	n the underly	ing cause given in	Part I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						1 🗆 YES :	NO	OF DEATH?
M							•	1 TES 2 NO
SICIAN:								
ठे	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Che	ick only one)		
YSI	1 YES 2 NO	1 Inputient 2 ER/Out			ome 5 Residence	6 Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. II	NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spi	ty — At home, farm, electry)	treet, factory, of	lice	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
ETE	4 Homicide determined							
MPL	29a. CERTIFIER Check only	SICIAN: To the best of my kno	wledge, death occurre	d at the lime, da	ite and place, and due	to the cause(s) and ma	nner as stated.	
MO	OTO) 2 MEDICAL EXAMIN	State of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control						cause(s) end manner as stated.
8	296. SIGNATURE AND TITLE OF CHITIFIE	7	7-6		29c. LICENSE NUM			IGNED (Month, Day, Year)
H	(New	14/1-11	-us		DINT	18		· 10.97
2	30. NAME AND ADDRESS OF TERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	1000	2	11	10.17
	0							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					
	NOV 1 6 1992	1	WILL STREET					
	MAN 1 P IAAA	Y	iu					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

977

NOAT TENDE

'a

hould

BOX 68760,	
S, P.O	
ORD	
L REC	
OF VITAL RECORDS,	
NO NO	
ISION	

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
When this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 leath with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ber

shock, or heart failure. List only one ceuse on each line.

21. SIGNATURE OF FUNERAL SERVI He

IMMEDIATE CAUSE (Final

disease or condition

1 -

									9	32	3177	10
FOR STATE REGISTRAR		STATE OF MAR				F HEALTH		IENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First,)	HE	NDEF	RSON	(HEN		2. DATE OF DEATH DAY	,	YEAR	3. TIME OF DEAT	PM		
4. SOCIAL SECURITY NUMBER 215-22-394	42D	1 - M 2 F	AGE (In yrs. ia	est birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Aug 8 192	26	Country	Maryla	24.
90. FACILITY NAME (If not inst St. Agnes	Hosp				9b. CITY, TO	WN OR LOCATI Balt			9c. COU	INTY OF D		
Maryland	10b. COUNTY	,		124	TOWN OR L						10d. INSIDE CITY LIMITS? 1 X YES 2	
2914 Presi	bury					101. ZIP COD 212	16			USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES :			YES 2 X	2 NO If yes, specify Cuban, Mexican			n, Puerto Rican, etc.)			E — American India k, White, etc. //y: Blac}		
15. DECE (Specify only Elementary/Secondary (0-1	EDENT'S EDUC highest grade -12)	CATION completed) College (1-4 or 5+)	(0	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			ng	16b. KIND OF BUSINESS/INDUSTRY				
High School				Ca	tere	1		Merc		ts C	lub	
17. FATHER'S NAME (First, Michael Raleigh S		18. MOTHER'S NAME (First, Middle, Maiden Surname) Hariet Somerville										
19a. INFORMANT'S NAME (Type/Print) Harriet Fletcher				19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 4009 Wilkins Ave. Baltimore, MD 21229						9		
20a METHOD OF DISPOSITIO 1 Donation 5 Other (n 3 🗆 Remo	aval from State	cemetery, cri	e terar	ner place)	N(Name of OWNSVi	lle		ATION —	City or To	wn, State	
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	ti		22. NAN 25	01 GW	ynns	Nutter Falls P	Fu	nera	1 Homes	s In

resulting in death)	aM	DUE TO (OR AS A CONSEQUENCE OF):		1 MONT
Sequentially list conditions, if any, leading to immediate	b	OUE TO (OR AS A CONSEQUENCE OF):		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	DUE TO (OR AS A CONSEQUENCE OF):		
resoning in death) CAS1	d			
PART II. Other algnificent condi-	tiona conti	ributing to deeth but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDIN

24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? DEEP VENOUS THROMBOSIS 1 ☐ YES 2 ☐ NO PIABETES MELLITUS 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO

2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

occured at the time, date and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/9/92 43726

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 21229 MD Baltmore

+ Agnes Hospital Peter Pak, M.D. 900 S Caton Ave. NOV 16 1992

Approximate

1 YES 2 T NO

Interval Between

Onset and Death

92 31 370

X A I D III FIRE

Statement !

SELLER VOV.

	-56		
۳	. 8	138	ı
ı	-8	w	۳.
h	æ	r	
۲	-39		
r	- ∋		
Ŀ	-		
۰	20		
	#3		
	38		
	-		
i	35		
	-		
	0		
	_		
L	20		
	5		
	ĕ		
	0		
	0		
	90		•
	=		
	굨		
	0		1
	5		:
	NO.		
	en.		
	Ö		- 7
•	2		•
			4
	in by the funeral director, page 5 should be detached for use as the b		
	ğ		1
i	=		ı
	0		ĺ
	150		
	5		- 8
	-	_:	i
	4	6	
	-	6	1
	5	E	ď
	-	2	3
	=	7	i
	8	٠.	
	意	E,	-
	-	.00	4
	5	20	П
	=	E	4
	큠	5	- i
	E	٠.	i
	8	त्व	1
	_	Z	1
	8	ă	1
	a	0	1
	S	-	1
	-63	0	1
	Si.	3	4
	ding physician and completely filled in by	60	1
	a	Ĕ	3
	9	른	3
	100	3	1
	8	I	1
	윤	rd	
	ā	E	i
	92	목	1
	=	ellin.	1
	3	2	
	=	C	- 3
	9	長	i
	5	B	4
	.8	운	1
	5	922	1
	8	0	1
	٥	8	,
	SE	9	è
	Ĕ		
	0	9	į
	ig	B	4
	Ę,	S	
	E	92	-
	60	#	
	-	£	٩
	DR: After this certificate has been signed by	ter death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	A to mark at the second above the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
	72	-	1
	ě	ŧ	
	5	9	1
	44	D	1
	à	e	•
	0	-	

_	_	1 - STATE REGISTRAR		STATE OF MAI			CATE OF			WEN IA	REG. NO.	t		
		1. DECEDENT'S NAME, (First	Igr	atowsk			GNATOW:	SKI		2. DATI	E OF DEATH	w /	92	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 220-24-	1208	5. SEX 1 M 2 F 6. 1	AGE (In yrs. les		F UNDER 1 YEAR	IF UNDE	R 24 HRS. MIN.		e OF BIRTH ith, Day, Year)	00	8. BIRTH Country	PLACE (State or Foreign
	OR	90. FACILITY NAME (If not in	To 21	ph Hosi	o; tal		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O					-	timore	
	DIRECTOR	RESIDENCE OF DEC							TOWN OR LOCATION					10d, INSIDE CITY
10.00		Maryland						Baltimore						1 YES 2 NO
	FUNERAL	7903 Rolli		w Avenue				212				10g. CI11	U.S.	A .
+	S	11. MARITAL STATUS		12. WAS DECEDENT EX	ER IN U.S. AF	RMEO					IN? (Specify Yes	or No-		— American Indian, , White, etc.
	À	1 Never Married 2 3 Widowed 4 Divo	orced	IF YES, GIVE WAR					Specify		Rican, etc.)		Specif	
	Ë	(Specify onl	EOENT'S EDUC ly highest grade	completed)	(0		SUAL OCCUPAT		ing	16	b. KINO OF BUS	SINESS/INC	DUSTRY	
6	COMPLETED	Elementary/Secondary (t 8 years		College (1-4 or 5+)		omemak				\perp				
ᇣ	BE CO	17. FATHER'S NAME (Flist, M George C							nna l		Middle, Meiden	Sumame)		
notifi	5	Mrs. Doroth									nber, City or Town Balti			ryland 21236
examiner must be		20a, METHOD OF DISPOSIT 1 M Burlal 2 Crematic 4 Donation 8 Other	on 3 🗌 Remo	oval from State	20b. PLACE cametery, cre	ANO OATE OF	DISPOSITION (A	emori	al G	dns	TE 20c. LOC	CATION -		wn, Stata M. MD
Tel.	1	21. SIGNATURE OF FUNERA	L SERVICE-LIC		Darai	icy va								alto. MD
		George	9 J. F	errarse							Ld Home			21212
. the medical		23. PART I. Enter the d	iseases, or c											
No.		iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	ARTER	on each line	eroti								Approximate interval Between Onset and Death
other traumatic	RTIFICATION	IMMEDIATE CAUSE (Fir disease or condition	ions, diate	ARTER OUE TO (OR DUE TO (OR	on each line	OUENCE OF):								interval Between
njury, or other traumatic	AL CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY. CAUSE (Disease or injustat initiated events resulting in death) LAS PART II. Other significa	ions, dilete iNG ary	OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF):	c Cm	BIOV	Ascu	24	24a. WAS AN	AUTOPSY		Interval Between Onset and Death
힅	ا پ	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY. CAUSE (Disease or injustat initiated events resulting in death) LAS PART II. Other significa	ions, dilete iNG ary	ARTER OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF):	c Cm	BIOV	Ascu	24	e Dire	AUTOPSY MED?		interval Between Onset and Death
njury, or other traumatic	ا پ	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY. CAUSE (Disease or injustat initiated events resulting in death) LAS PART II. Other significa	ions, dilete iNG ary	OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF):	c Cm	BIOV	Ascu	24	24a. WAS AN	AUTOPSY MED?	24b.	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
njury, or other traumatic	ا پ	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY. CAUSE (Disease or injustat initiated events resulting in death) LAS PART II. Other significa	ions, diete iNG ary	OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF):	the underlyle	RD LOV	Ascu	Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24b.	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
njury, or other traumatic	ا پ	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	ions, diete iNG ary	OUE TO (OR DUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF): QUENCE OF): resulting in	the underlying 26. F	ng cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traumatic	PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the c	ions, diete iNG irry The int condition in the interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior interior i	OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF): OUENCE OF): Tesuiting in	the underlyle	ng cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
marked, or item 23 shows any injury, or other traumatic	BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY, CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	ions, dilate ING ITY OF THE PROPERTY OF MEDICAL	DUE TO (OR DUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): Tesuiting in	the underlyle 26. F OTHER: Nursing Ho OFF 28c. IM W 1	PLACE OF I	given in	Part I. Bock only of a Doth 28d. OE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? MO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic	BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condit	ions, dilate ING ITY O MEDICAL Pending Investigation Could not be determined	ARTER OUE TO (OR DUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): Tesuiting in DOA 4 28b. Time INJU!	the underlyle 26. F OTHER: Nursing Ho OFF 28c. IN W 1 □ pet, factory, offi	PLACE OF I	given in	Part I. BCk only of a Dith 28d. OE Chy to the ce	24a. WAS AN PERFOR 1 YES 2 CATION (Street a yor Town, State)	AUTOPSY MED? M NO NJURY OCC Ind Number	24b. CUREO or Rural R	Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PURIANT: If Item 28 is marked, or Item 23 snows any Injury, of other traumatic	BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condit	ions, diete ing int condition O MEDICAL Pending investigation Could not be determined TIFYING PHYSIC ICAL EXAMINE	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENC	the underlyle 26. F OTHER: Nursing Ho OFF 28c. IN W 1 □ pet, factory, offi	PLACE OF I	given in	Part I. BCk only of 8 Oth 28d. OE 28f. LO City to the cattime, dat	24a. WAS AN. PERFOR 1 VES 2. Per (Specify) SCRIBE HOW IN CATION (Street a y or Town, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. CUREO or Rural R ted. te cause(e)	Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PURIANT: If Item 28 is marked, or Item 23 snows any Injury, of other traumatic	COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification of the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the c	ions, diete ing in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO	AS A CONSE	OUENCE OF): OUENCE OF): QUENCE OF): QUENCE OF): Tesulting in 28b. Time injul Dome, farm, str	the underlying 26. FOTHER: Nursing Horory M 1 Det, factory, offi	PLACE OF I	given in DEATH (Che lesidence NO NO ENSE NUM D 3 (Part I. BCk only of 8 Oth 28d. OE 28f. LO City to the cattime, dat	24a. WAS AN. PERFOR 1 VES 2. Per (Specify) SCRIBE HOW IN CATION (Street a y or Town, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. CUREO or Rural R ted. te cause(e)	interval Between Onset and Death Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

92 3177)

W.C

L DR ATTENDING PHYSI	ĕ	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL	THE FUNERAL (be filed within 72 h	MPORTANT: If I

	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTA		NE	32	31772
	1. DECEDENT'S NAME (First		HNSON		-					2. DATE MONTI NOV			YEAR 992	TIME OF DEATH 8:35 PM
	4. SOCIAL SECURITY NUMBER 213-28-6221		5. SEX 1 XM 2 F	6. AGE (in yrs.		IF UNDER	DAYS	IF UNDE	MIN.	7. DATE (Month	of BIRTN n, Day, Year) 15 1	931	Country) MARY	ACE (State or Foreign
OR	98. FACILITY NAME (If not in LEVINDALE N	URSING		"Ab 6"	- 75	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE							тн	
DIRECTOR	10a. STATE MARYLAND	10b. COUNTY	1		22.5	10c. CITY, TOWN OR LOCATION BALTIMORE								Od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	4011 WILKE						10	212				10g. CITIZ	EN OF WHA	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES WWII						If yes, sp		an, Mexica	an, Puerto	I? (Specify Y Rican, etc.)	es or No—	14. RACE — Bleck, \ Specify:	- American Indian, Whita, etc. WHITE
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Illie. Do NO						during mo	ON past of works				TO. G		ELECTRIC
BE CON	17. FATHER'S NAME (First, Middle, Last) Andrew JOHNSON							Ev	a I	WEINF				
2	Hagar L. Johnson 401						NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wilkens Ave, Baltimore, MD 21229 ATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State							
	20a. METHOD OF DISPOSIT DCSBuriel 2 Crematic 4 Donation 5 Other	on 3 Ram r (Specify)		of cemet	dery, cremator on Par	y or other ck Ce	_{place)} emete	*	SS OF F			ltimo		
	Senin	6.5	mill			4	+107	Will	kens	Ave,		imore		21229
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in deeth)	eert fallure.	List only one ca	use on eech i	line.				1000-0			piratory arre	est,	Approximate interval Between Onset and Death
CERTIFICATION	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST LATERAL SCICRES'S DUE TO (OR AS A CONSEQUENCE OF): DEMONTO DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL O	PERFORMED? 1 YES 2 NO OF									VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
SICIA	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatien	1 3 DOA	OTHE 4 - No	R:		-	6 🗆 Othe				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	286. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. OE	SCRIBE HOV	V INJURY OCC	UREO	
	3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm building, etc. (Specify)					, etreet, fac	ctory, offi	DO .		28f. LOC City	ATION (Street or Town, Sta	et and Number te)	or Rural Ro	ite Number,
COMPLETED	one)		ICIAN: To the best of											and manner as stated.
TO BE	296 SIGNATURE AND TITL	Nei	Them	nei 14	2			290 110	23	37	67	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS O	W. B	TO COMPLETED CAN	SE OF DEATH	TVE TOPE	Print)	alt	ð.	Tb	12	121	5		
	NOV 16 199	2 de	May Davidson	A-Handa	٤									



multile property and Sanda Jeal L' Sangal

1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		UE	-K!	CAIL	UF U	EAIH	R	IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Sothoron	Key, Jr.						2. DATE OF MONTH NOV.	DEATH IN	Ĭ992	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 YE		F UNDER 24 HRS. OURS MIN.	7. DATE OF 1 02/1.	METAL		8. BIRTHPL Country) D. C	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)		-	9b. CITY, TO	WN OR I	OCATION OF D				TY OF DEAT	
TOR	St. Elizabeth H	ome for Nu	sing		Balt	imor	e			Balt	imore	
DIRECTOR		timore		10c. CITY	Balt	OCATION 1MOY	е				100	DI. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	3320 Benson Ave.	nue				10f. ZI	21227			10g. CITIZ US	A A	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED 10	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					or No-	or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			USUAL OCCU		f working	16b. KJN	D OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) NONE	College (1-4 or 5+)	noi	Do NOT use	retired.)	ig most o	, notang	n/a	a			
Š	17. FATHER'S NAME (First, Middle, Last)					10	. MOTHER'S NA	ME (First, Middl	le, Maiden	Surname)		
BE	Sothoron Key, S	r.					Augu	sta G.	Key			
2	19a. INFORMANT'S NAME (Type/Print)						Number or Rural				Code)	
-	Mrs. William C.	Thompson		208 W	oodro	of R	load	Newpo	rt Ne	ews	VA	23606
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	20b. PLACE A competery, cre ROCK	matory or off Cree	F DISPOSITION PLACE)	eter	У		1	Vashi	naton	, D.C.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE					ADDRESS OF FA		cose	Fune	ral H	ome
	Joes T	2 - 2	10				ulphur					s,Md
9	23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse	on each line							ratory arre	est,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. DUE TO (OR	AS A CONSEC	L C	or dior	_ 7	+ Ruch	Kmu	-			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEC	CONSEDUENCE OF):								
_	PART II. Other significant condition	ns contributing to dea	ath but not r	esulting in	n the under	rlying c	ause given in	Part t. 24		AUTOPSY		ERE AUTOPSY FINDINGS
EDICA	mental re	tordata							PERFOR		C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
SICIAN: M											1	TES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLAC	E OF DEATH (C	neck only one)				
YS	1 TES 2 NO	1 Inpatient 2 ER		□ DOA	4 Nursing	-	5 Residence					
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day,)		28b. TIME INJU	IRY	WORK	2 NO	28d. DESCRI	BE HOW I	NJURY OCC	URED	
유	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN building, etc.	JURY At ho (Specify)	me, farm, si	treet, factory,	office		28f. LOCATIO City or To	N (Street a wrn, Stete)	and Number (or Rural Rout	te Number,
COMPLET		ICIAN: To the best of my										nd manner se stated.
O BE	296. SIGNATURE AND TITLE DE CERTIFIE	Henry					D 344	5-1		29d. DATE	SIGNED (M	onth, Day, Year)
ř	30. NAME AND ADDRESS OF PERSON WITE EDMUND	1/CACTU	F DEATH (ITE	M 27) (Type,	Print)	m	ves/t	cone		Bl	+no	21224
	31. DATE FILED (Month, Day, Year) NOV 16 1992	32. REGISTRAR'S	SIGNATURE				.					

TO THE FUNETAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

1 - STATE REGISTRA	R
	-

	1 - STATE REGISTRAR		STATE UF I		UEPAR CERTIF						GIEN G. NO			
	1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH
	LINA HEDWIG	KI	ENLE							11 - 1	2 -	1992	YEAR	2:30 pm
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH		8. BIRTH	PLACE (State or Foreign
	217-30-3374		1 🗌 M 2 💢 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	05 - 3)bar)	1901	Ger	many
	9a. FACILITY NAME (# not institut	tion, give stre	et and number)			9b, CITY	Y, TOWN C	R LOCATIO	ON OF DE				NTY OF D	-
H	Manor Care -	Ruxto	n				son							
E	RESIDENCE OF DECED		711			100	13011				Baltimore			lore
DIRECTOR	10a. STATE 101	b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
	Maryland E	Baltim	nore		Ur	perc	CO							1 YES 2 NO
AL	10a. STREET AND NUMBER				101. ZIP CODE							10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	17507 Falls Road							2115	55			U	S.A	
5	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. A FORCES? 1 VES 2					13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Sp	ocify Yes	or No-	14. RACE	— American Indian, t, White, etc.
BY	1 Never Married 2 Mar 3 Widowed 4 Divorced			WAR OR DATES	ZHO		1 TYES	2 A NO	Specify	n, Puerto Rican,	etc.)		Speci	
														willte
1	(Specify only hig			16a.	DECEDENT'S (Give kind of life. Do NOT us	Work done	during mo	N st of workin	g	16b, KINO	OF BU	SINESS/INC	DUSTRY	
2	Elementary/Secondary (0-12) 12 years	2	years	٠, ا	Nurse	ou rounou.)				Dn	1 370	te Du	+	
COMPLETED	17. FATHER'S NAME (First, Middle		years		Mulse								LLy	
	Wilhelm Di									ME (First, Middle, Line Ru		Surname)		
BE	19a. INFORMANT'S NAME (Type/				405 84 8 1010		9.70			Soute Number, Cit				
임	Eugene S. Kie		(son)	l'						erco, M				5
	20a. METHOD OF DISPOSITION		(5011)	20h 9t 40	E AND DATE		_		оррс			CATION —		
	1XXBurial 2 Cremation : 4 Donation 5 Other (Spa	3 Remov	al from State		regratory or o					11/16		ikesi		
	21. SIGNATURE OF THERAL SE		NEEE D	1	200 21120				SS OF FA					. 110
	hours		on Dury	×						defeld				
-	Thomas Jo	and the second second								id, Bal				1212
	23. PART I. Enter the disea shock, or heart	t fellure. Li	mplications the st only one cer	it caused the use on each li	death. Do i ne.	not enter	r the mo	de of dyl	ng, suci	h as cardiac c	r respi	ratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		4											Onset and Death
	resulting in death)	a.	_ AS											
_			1.1.6	(OR AS A CONS	SEDUENCE O	F):								1 1
ర్	Sequentially list conditions		DUE TO	OR AS A CONS	SEQUENCE OF): SEQUENCE OF):									
¥	if any, leading to immediate cause. Enter UNDERLYING		NI	MM									i	
Ĕ	CAUSE (Disease or Injury that initiated events	1 "	DUE TO	(DR AS A CONS										
CERTIFICATION	resulting in death) LAST	d.												
	PART II. Other significant of	conditions	contribution to	dooth but no		I - 45	4.41	l Cessione						
8	0 4		0 .		A	1 A	10	/	iven in		WAS AN PERFOR	AUTOPSY IMED?	24b.	MAILABLE PRIOR TO
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	tsenl	4	1 . 4	tacsal	ace	culo	its,		_ 10	YES 2	□ NO		OF DEATH?
MED	Chrime un	nary-	Mace "	yearin	1		_			_				1 YES 2 10
ä	25. WAS CASE REFERRED TO ME	-												
2	EXAMINER?	1	HOSPITAL:			OTHE	A:			ack only one)				
PHYSICIAN:	1 YES 2 NO	1	25e. DATE OF		3 DOA		28c. INJ		sidence	6 Other (Spec				
ā.	1 - Wintural 5 - Penc		(Month, E	ley, Year)		IURY	WO		1 100	28d. DEŞCRIBI	E HOW I	NJURY OC	CORED	
18	2 Codeta	stigation	28e. PLACE C	F INJURY — At	home, ferm.	street, faci			J 100	281. LOCATION	(Street)	and Mumba	or Brand S	Incohe Microshee
	_ 0 L COO!	id not ba rmined	building,	etc. (Specify)	, , , , , , ,	,	,			City or Tow		ing remosi	or nurai n	cote Number,
						927	on Coley	ân.	masais				1-	
<u>"</u>	29a. CERTIFIER	NC PHYSICI	AM: To the heat of		Gentli Occur									-
MPLE	(Check only		AN: To the bast of			on In my o	aninian di	ath accur	arf of the	time date and a	Jana an	of china to the		and manner as added
_	(Check only one) 2 MEDICAL	EXAMINER:				on, in my o	opinion, de				lace, an) and manner as stated.
ш	(Check only	EXAMINER:				on, in my c	opinion, di	29c. LICE	NSE NUM	BER	elace, an			(Month, Day, Year)
BE	(Check only 2 MEDICAL 29b. SIGNATURE AND TITLE OF	CERTIFIER	On the beels of a	xamination end/	or Investigation		opinion, di	29c. LICE		BER	elace, an			
BE	(Check only one) 2 MEDICAL	CERTIFIER RSON WHO	On the basis of a	SE OF DEATH (I	FEM 27) (Type	, Print)		29c. LICE	882	BER 2		29d. DAT	E SIGNED	(Month, Dey, Year) 3/92
TO BE COMPLETED	(Check only 2 MEDICAL 29b. SIGNATURE AND TITLE OF	CERTIFIER RISON WHO	On the basis of a	SE OF DEATH (I	rem 27) (Type	, Print)		29c. LICE	882	BER		29d. DAT	E SIGNED	(Month, Dey, Year) 3/92

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

cocuted within 24 hours after death. Page 6 may be retained by the hospital or attending ph	
TETAINE TO STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF S	
MARYLAND 2 retained by the hospital	
WAKYLA etained by the	
WAKYL etained by	
MAR	
_	
. 8	
30	
) φ	
P 29	
SAL r	
afte	
4 hours	
2	
within	
executed within	

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE EXPENSION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	IN VICE BLICKOND, CRECITOR, After this certificate has been signed by the attending physician and completely t In this case, 72 hours after each with the State Dept. of Health and Mental Hydiene prior to burial, cremation	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF OEATH		
1 1	Dorothy	V.	Kincaid			Nov 13	1992	5:12 Pm		
1 1	4. SOCIAL SECURITY NUMBER		- "	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
	214-01-3467		34 YRS.			(Month, Day, Year) NOV . 14,	1908 Ma	aryland		
e	9a. FACILITY NAME (If not institution, give sti 957 Kayden Lane	reet and number)	9	ь сту, тоwn о Baltin	R LOCATION OF DE	EATH	9c. COUNTY OF DEATH Baltimore			
5	RESIDENCE OF DECEDENT			Dalli	liore					
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY, 1	TOWN OR LOCAT	ION	10d. INSIDE CITY LIMITS?				
		timore	Ва	altimor	e			1 TES 2 NO		
FUNERAL	10e. STREET AND NUMBER			1.50	ZIP CODE			WHAT COUNTRY?		
N N	957 Kayden, Lane	***			21221			.S.A.		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 - NO	If yes, spi	cify Cuben, Mexica	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR ON DA	IIES-	1 L YES	2 NO Specify	r:	Wh:	chy: Lte		
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	:ATION completed)	18e. OECEDENT'S US (Give kind of work life. Do NOT use r	SUAL OCCUPATION MODERAL PROPERTY IN COMPANY	N st of working	16b. KIND OF BU	SINESS/INOUSTRY			
9	Elementary/Secondary (0-12) N/A	Coffege (1-4 or 5+) N/A		ng Guar	-	Balta	imore Ci	/ /		
₹	17. FATHER'S NAME (First, Middle, Last)	II/II	010331	116 0441						
	Newton	Coste	er		Marth	ME (First, Middle, Meiden La	Surname) Wir	th		
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Flural I	Route Number, City or You	m, State, Zip Code)			
유	George F. Kincaid	(Son)	957 Ka	yden La	ne Balti	more, Mar	land 21:	221		
	20a, METHOD OF DISPOSITION 1 Disputation 3 Remo		PLACE AND DATE OF		me of	DATE 20c. LC	CATION — City or	lown, State		
	4 Donation 5 Other (Specify)E1	ntombment H	olly Hill	Memori		LEO	timore,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA	eral Home	Inc.			
	Sh-h	Colli		3331	Brehms I	ane Balti	nore, Ma	ryland 21213		
	23. PART . Enter the diseases, or c shock, or heert fallure. I	omplications that caused list only one cause on ea	the deeth. Do not	enter the mo	de of dying, suc	h as cerdiac or resp	iratory erreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine)	1		1				Onset and Death		
	resulting in death)	ARTIL	ORREST	HCRA	37					
-	Sequentially list conditions. Due to (OR AS A CONSEDUENCE OF): Sequentially list conditions.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. Due to (or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	<u> </u>								
붙	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
병		i								
¥	PART II. Other algnificent conditions	contributing to death be	ut not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC						1 YES :	. □ NO	COMPLETION OF CAUSE OF DEATH?		
M								1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
Sici	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
H	27. MANNER OF OEATH	1 Inputient 2 ER/Output 26a. DATE OF INJURY	26b. TIME C	OF 28c. INJ		6 Other (Specify) 28d, DE\$CRIBE HOW	NJURY OCCURED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? 'ES 2 NO					
ED B	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office		26f. LOCATION (Street City or Town, State	and Number or Rural	Route Number,		
	4 Homicide determined					ony or rown, deare,				
COMPLET		CIAN: To the best of my knows								
Š	one) 2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigation,	in my opinion, de	eath occured at the	time, date and place, ar	nd due to the cause	(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUM			D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF SE	3		D-142	22/	> 11.	14.92		
	J.A. ATROWI		TH (ITEM 27) (Type, Pr	BALT	hm n	1721				
	31. DATE FILED-(Yopth, Pay, Heart 002	4 Missilver dan	municipalitates	101-1	1	124				
	MUA J P 1995	0	•							

BALTIMORE, MARYLAND 21215-0020	MSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal. medicel examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE ASSISTA OF TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE WORLD METER THE COMPLETE BY COMPLETE BY THE ATTENDING PHYSICIAN AND COMPLETELY RIVE	be find which a mount are pear with the State Dept. Of result and wells in their prior to burds, cremanon, or removal. IMPORTANT, I fam 28 is marked, or from 23 shows ony injury, or other traumatic event, the medical examinar must be notified at once.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / D CEF	EPARTMENT OF H		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2	. DATE OF DEATH	3. TIME OF DEATH	
	Irene	KARPATI			MONTH 11 - Q - Q	Z 3:20 0 M	
	4. SOCIAL SECURITY NUMBER 5. SE		rthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7		8. BIRTHPLACE (State or Foreign	
	011 31 1327		YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) CS 2/0/	Hungary	
_	Se. FACILITY NAME (If not institution, give street and	f number)	96. CITY, TOWN O	A LOCATION OF DEAT	H 9c. COUN	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	tospital.	BETH	ESOF	min	rayoup	
Ä	10a. STATE 10b. COUNTY	0 1	IOc. CITY, TOWN OR LOCAT			10d. INSIDE CITY	
<u>a</u>	MD MONTI	Pass KB	ROCKVILL	V.		LIMITS?	
A	10a, STREET AND NUMBER		101.	ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?	
EB	6121 MONTRO	res RX		5005	3- 11	. S. A.	
FUNERAL	11. MARITAL STATUS 12 W	S DECEDENT EVER IN U.S. ADME	D 13. WAS DEC	ENDENT OF HISPANIC		14. RACE — American Indian.	
	li li	PRCES? 1 YES 2 NO	If yes, spe	cify Cuban, Mexican, F	Puerto Rican, etc.)	Black, White, etc.	
BY	3XXWidowed 4 Divorced			XX about		White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete		DENT'S USUAL OCCUPATIO	N et al working	16b, KIND OF BUSINESS/INDU	JSTRY	
9		ide. (1-4 or 5+)	kind of work done during mos NOT use retired.)	st or working	2 11		
N N	12 years	HC	rusewife		Own Home		
0	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Malden Surname)		
BE (Dezso Fekete			Pirosk	ra Marton		
TO B	19a. INFORMANT'S NAME (Type/Print)				te Number, City or Town, State, Zip (
٦	Dr. Steven G. Karpat	ti 60	100 Good Lic	on Court,	Alexandria, V.	irginia 22310	
	120g. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal fro	20b. PLACE AND	DATE OF DISPOSITION (Na	me of	PATE 20c. LOCATION - C	Ity or Town, State	
	4 Donation 5 Other (Specify)	m state beech crest	roxompeongre	egation 11	/10/92 Capito	thy or Town, State L Heights, Md.	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	^	22. NAME AN	O ADDRESS OF FACIL	MORIAL FUNERA	I HAUF THO	
	Donald C. x	Stattlemes	SIEIN	HEBREW ME	EMURIAL FUNEKA	L HOME, INC.	
	23. PART I. Enter the diseases, or complice	cations that caused the death	Do not enter the mod	AKKULL SIK	e cardiac or manifestory area	SHINGTON, D. C.	
	snock, or heart failure. List on	ily ona cause on each line.	and the the the	ac or cynig, sacir c	is caldiac or respiratory are	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	4.1/			7 6	Onset and Death	
	resulting in death) a. /	DUE TO (OR AS A CONSEQUE	AL IN	PARCI	701	7 DAYS	
			ince ory:		WHAR DIS		
CERTIFICATION	Sequentially list conditions,	OUE TO (OR AS A CONSEQUE	INCE OFI:	(DIO UPE	CULAR PIN	ETSE INDE	
¥.	if any, leading to immediate cause. Enter UNDERLYING		,				
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
臣	resulting in death) LAST						
	0						
AL AL	PART II. Other significant conditions conti		ilting in the underlying	cause given in Pa	rt I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
1 () (PRACTURED	HIP			_ 1 UYES 2X NO	COMPLETION OF CAUSE OF DEATH?	
MEDIC						1 TYES 2 NO	
ä							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF OEATH (Check	only one)		
Š	_ HOS	PITAL: patient 2 ER/Outpatient 3	DOA 4 Nursing Home	5 Residence 8	Other (Specify)		
PHY	27. MANNER OF DEATH 2	28e. OATE OF INJURY (Month, Day, Year)	8b. TIME OF 28c. INJURY WOI	JRY AT 21	Id. DESCRIBE HOW INJURY OCC	URED	
>	1 Natural 5 Pending 2 Accident Investigation	11 01 92		ES 2 NO	FELL		
0 8	- (2)	Se. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, office	20	Bt. LOCATION (Street and Number of	or Rural Route Number,	
ETE	4 Homicide determined		REW H	OMES	City or Town, State)	/)	
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	o the best of my knowledge, death		and place and due to	the seconds) and		
COMPL		he basis of examination end/or inve					
	29b. SIGNATURE AND TITLE OF CERTIFIER						
#	The state of Control	well,	100	29c. LICENSE NUMBE	C C DATE	SIGNED (Mogh, Day, Year)	
2	MADE AND ADDRESS OF PERSON WHO COMP	OL STED CALLSE OF SEATTH APPLICATION	2	0070	79 11	1119	
	Proportion C MANGELLE	,	N (Type, Print)	PA BA	THESE & M	10 24817	
	31. DATE FILED (Mary), Bay, Morry 002	2. HESISTRATI'S SIGNATURE	1.00	ILD UB.	1163010	0 70 01/	
	101 10 1992	1 - wo war ason- Many	AUGC.				

BALTIMORE, MARYLAND 21215-0020 AIVISION OF VITAL RECORDS, P.O. BOX 68760,

Matter DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------	--

REGISTRAR CERTIFICATE OF DEATH REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH	3. TIME OF DEATH
DELSIE BEATRICE KIGHT 11 05	YEAR 12:10 P
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
234-42-9425 1 M 2 \(\overline{\text{N}} \) F 64 YRS. MONTHS DAYS HOURS MIN. Aug 31, 19	9 2 8 MD
1146 31, 1	9c, COUNTY OF DEATH
148	GARRETT
RESIDENCE OF DECEDENT	GARRETT
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
WV Mineral Keyser	1 YES 2 X NO
104. STREET AND NUMBER 101. ZIP CODE 10	10g. CITIZEN OF WHAT COUNTRY?
Rt 4 Box 17-G 26726	U.S.A.
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or I	
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 X Wildowed 4 Divorced If YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:	Black, White, etc. Specify:
	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Homemaker Own Homemaker 18. MCTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sum	IESS/INDUSTRY
Elementary/Secondary (0-12) Coffege (1-4 or 5+)	
Homemaker Own Ho	ome
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surr.	mame)
Charles E. Haines Cora E. McCau	uley
19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, St	
Rt 5 Box 486 Keyser, WV	26726
20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)	TION — City or Town, State
4 Donation 5 Other (Specific) Potomac Memorial Gardens Nov 9, 1992 Key	ser. WV 26726
21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
22. NAME AND ADDRESS OF PACIFIT	1001 W 20120
Rotruck Funeral Home	
Rotruck Funeral Home 85 South Main St Key	rser. WV 26726
Rotruck Funeral Home	rser. WV 26726
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.	rser, WV 26726 tory arrest, Approximate
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Out TO (OR AS A CONSEQUENCE OF):	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Out TO (OR AS A CONSEQUENCE OF)	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Out TO (OR AS A CONSEQUENCE OF)	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Our TO (OR AS A CONSEQUENCE OF):	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Our TO (OR AS A CONSEQUENCE OF):	7 ser, WV 26726 tory arrest, Approximate Interval Between
Rotruck Funeral Home 85 South Main St Key 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	TOPSY 24b. WERE AUTOPSY FINDINGS
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the disagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUT PERFORMED	TOPSY ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the disagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUT PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERFORMENT OF THE PERF	TOPSY ED? NO 26726 Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Onset and Death
23. PART I. Enter the disagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 Expression of the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I. 24b. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I. 24c. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I. 24c. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I. 24c. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I. 24c. WAS AN AUT PERFORMED 1 Expression of the underlying cause given in Part I.	TOPSY ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the disagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUT PERFORMED 1 XYES 2	TOPSY ED? NO 26726 Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Onset and Death
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the disagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and D
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the disagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUT PERFORMED 1 Expression of the significant conditions contributing to death but not resulting in the underlying cause given in Part I.	TOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Rotruck Funeral Home 85 South Main St Key 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 1 NO 1 NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THER: NO THERE NO THE NOTICE OF NO THERE NO THERE NO THE NOTICE OF NO THERE NO THERE NO THE NO THE NOTICE OF NO THERE NO THERE NO THE NOTICE OF NO THERE NO THE NOTICE OF NO THERE NO THE NOTICE OF NO THERE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE NO THE N	TOPSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Rotruck Funeral Home 85 South Main St Key 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and D
Rotruck Funeral Home 85 South Main St Key 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10 July 10	TOPSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PLETION OF CAUSE OF DEATH? 1 VES 2 NO
Rotruck Funeral Home 85 South Main St Key 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death
Rotruck Funeral Home 85 South Main St Key 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset
Rotruck Funeral Home 85 South Main St Key 23. PART L. Enter-the diseages, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUEN	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset
23. PART L Enter the disbages, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, of heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): T	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset
23. PART I. Enter the diseages, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death
23. PART I. Enter the diseages, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death D
ROTTUCK Funeral Home 85 South Main St Key 23. PART I. Enter the diskagles, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, of heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death
Rotruck Funeral Home 85 South Main St Key	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death

DHMH-16 Rev 1/89

-	
	١
	ı
•	-
-	ľ
2	. '
7	
00	
9	
\sim	
O	
$\mathbf{\omega}$	
	1
0	
ш	1
10	
0	
	ľ
Œ	
0	
0	
III	
~	
_	
_	
⋖	
-	İ
	١
ON OF VITAL RECORDS, P.O. BOX 68760,	
LL,	
0	
	i
Z	1
0	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to be detached to b	be lied within it flows and used with the State Capt. Or hearth and weren hybring from to bridge, continuous, or emitted to notified at once. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
b to	2	10
peui	hould	fled
e reta	5 5	not
ay b	page	be
9	ector.	30E
Page	dire	191
eath.	hunera	EBM
fter d	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the interest of the completely filled in by the completely filled in by the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled in the completely filled	- TO
SUL S	inb	bod
24 P.	Pellin	he n
/thin	Hetely	mt, 1
w petr	comp	- A
EXBCL	and	mati
200	siclan	Tage
tificat	bhy t	the
L Cert	nding	0 0
deat	e afte	CY,
at the	by th	=
s the	paul	91
quire	in sig	MO
aw re	s bee	30
The	te ha	E
AN	tifical	ir Ite
YSICI	S cer	d, o
B PH	er this	arke
NON	E After	18 17
MITE	EL PER PER PER PER PER PER PER PER PER PER	28
OR)	DIRE	tem
YITAL	RAL	2 1
HOSP	FUNE	IANI
뿚	THE	POR
2	2	2 2

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) JANET HAL	L LULL				2. DATE OF DEATH MONTH November	Ĩ4, 199	3. TIME OF DEATH
	229 01 0092	12X) F 56	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-12-36	8. B	entriplace (State or Foreign ountry) and
TOR 10	9e. FACILITY NAME (If not institution, give street and 1232 Clearfield Cir.			Luther	ville	ATH	9c. COUNTY O	timore
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltim	ore		town on Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1232 Clearfield Cir	cle		101	ZIP CODE 21093			OF WHAT COUNTRY?
COMPLETED BY FUN	1 Never Married 2 Merried FO	S DECEDENT EVER IN U.S RCES? 1 YES 2 YES, GIVE WAR OR DATES	X NO	If yes, sp	ENDENT OF HISPAN ocity, Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
		164 ge (1-4 or 5 +) Years	(Give kind of wo	ISUAL OCCUPATION of done during more retired.)		16b. KINO OF BU	ISINESS/INDUSTI	ŧY
BE COM	17. FATHER'S NAME (First, Middle, Last) J.M. Dryden Hall, S	r.				ME (First, Middle, Maide) rawford	n Surname)	
10 8	19a. INFORMANT'S NAME (Type/Print) Paige H. Lull					Route Number, City or To E New Yor		york 10028
	20a. METHOD QE-DISPOSITION 1	Green		Foisposition (Na er place) nt Crema	tory	11-16 B		e, Maryland
	21. SHOWATURE OF PAMERAL SERVICE LICENSES George J. Verra:	evane			ell-Wiede	feld Home	York Rd	. Balto. MD 21212
CERTIFICATION	shock, or heart failure. List on immediate cause interest immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	BR. RO NSEQUENCE OF)	:	nak			interval Between Onset and Death
DICAL	PART II. Other significant conditions control	lbuting to death but n	not resulting in	the underlying	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN		PITAL:		26. Pt OTHER:	ACE OF DEATH (Ch	ack only one)		
PHYSICIAN: ME	27. MANNER OF DEATH 26 1 Natural 5 Pending	Patient 2 ER/Outpetier Ba. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT RK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
IED BY	2 Accident					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To							ree(e) and manner ee stated.
IO BE C	29b. SIGNATURE AND TITLE OF PERTIFIER 30. NAME AND ADDRESS OF PERSON WAS COMP	T A	(ITEM 27) (5m-	Drings	29c. LICENSE NUN	BER		NED (Month, Day, Year)
	RIMA COUZI	JOHNS H	OPKIN.		TAL, 6	00 N. WOL	fe st	BATTHOREM
		. REGISTRAR'S SIGNATUI						

91.02

_1 1 = 1

pino

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attenuing principle	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal ways because the signed by the attending physician prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendance to the major of the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attendance to the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to bunal, crems,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 31779 Items 23 Part I,27,28a-f, per MEO, G-697, 3/10/93 gn 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR D. ELENA <u>LANZA</u> 11 04 92 2:10 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4/21/09 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 215-07-9364 1 - M 2XXF 83 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR ST. JOSEPH HOSPITAL TOWSON BALTIMORE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 109 Thicket Rd. 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 🔀 Never Married 2 🗌 Married 1 TES 2 THO Specify: specifyWhite BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Administration Asst. Genstar Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) <u>John M. Lanza</u> Teresa DeFontes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 James P. Cullen 109 Thicket Rd. Baltimore, Md. 21212 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 N Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) Dulaney Valley Mem. Gdns. 11/7 Timonium, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert M. Kratz 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home B 6500 York Rd. 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line. Hemopericardium complicating Approximata intervai Betw pericardiocentesis for drainage of pericardial Onset and Death disease or condition resulting in death) effusion due to congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 Lyes 2 No OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 TYPES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED Puncture 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 1 Natural of heart during pericardiocenunknown M BY 11-3-92 1 YES 2 W NO 2 X Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED Baltimore. Mn York Road 4 Homicide Hospital 1 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 V MEDICAL FXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE mel heli Monavie O.C.M.E. 11-05-1992 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARY DRIVE LORE WM111 Penn Street, Baltimore, Maryland 21201

8=3

DHMH-18 Rev 1/89

order and the second second

BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
8	after
	OULS
	24 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ate be executed within
RDS, P.O. I	nat the death certific
IL RECO	law requires t
I OF VITA	PHYSICIAN: The
	(5)

FOR STATE REGISTRAR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, chemation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

	1. DECEDENT'S NAME (First, Middle	e, Last)							2. DATE OF E	DAY	YEAR	3. TIME OF DEATH						
		AZAN , J	JR.						NOV.		1992	7:54 A						
	4. SOCIAL SECURITY NUMBER	5. SEX		n yrs. last birthd	MONTHS	DAYS	IF UNDER 2		7. DATE OF 8 (Month, Day	HTH		THPLACE (State or Foreign						
	124-09-3111	1 M 2		YR	S. MONTHS	DAYS	HOURS	MIN.	JUNE			T VIRGINIA						
_	9a. FACILITY NAME (If not institution	n, give street and number	r)		9b. CIT	Y, TOWN	OR LOCATION	N OF DEA	тн	9	c. COUNTY OF	DEATH						
DIRECTOR	2836 HERKIMER					BAL	TIMOR	E										
R	10a, STATE 10b.	COUNTY		10c.	CITY, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?						
	MARYLAND				BALT							1 X YES 2 NO						
COMPLETED BY FUNERAL	100. STREET AND NUMBER 2836 HERKIME	р стреет				101	2123	0		1		WHAT COUNTRY?						
	11. MARITAL STATUS		EDENT EVER IN	II S ADMED	122	WHE DEC			C ORIGIN? (Sc			SA CE — American Indian,						
	1 Never Married 2 XX Marrie	FORCES?	1 X YES	2 NO	13.	If yes, sp	ecify Cuban,	Mexican,	, Puerto Rican		Ble	ck, Whita, etc.						
	3 Widowed 4 Divorced	WWII		IES		I L TES	2XXNO	<i>ървспу:</i>			Spe	WHITE						
	15. DECEDEN (Specify only highe	T'S EDUCATION est grade completed)		16a, DECEDEN (Give kind	of work done	during mo	ON ist of working		16b. KIN	O OF BUSIN	ESS/INDUSTRY							
	Elementary/Secondary (0-12)	College (1-4	or 5+)	life. Do NO	If use retired.)													
	HIGH SCHOOL			PA	INTER	_		_			ALUMIN	UM						
	17. FATHER'S NAME (First, Middle, Frank LAZAN.								E (First, Middle	e, Maiden Sur	mame)							
BE	19a. INFORMANT'S NAME (Type/Pr.		_						PENIK									
2	Helen E. Laza										State, Zip Code)							
	20a. METHOD OF DISPOSITION	111	200	PLACE AND DA				раті	timore		21230 TION — City or 1	- 100 - 100						
	1 Burial 2 Cremation 3 4 Donation 5 Other (Spec		сете М.	etery, crematory	or other place) 1 7 3 7	me or	,	1		more,							
	21. SIGNATURE OF FUNERAL SER	*	t III	etio o			ND ADDRESS			Darti	.more, i	עואָ						
1	· AR.TT	D L	m a	Q.					L HOM	E INC.	•							
-	Misigo	der 11.	-11h	20								MD. 21229						
	23. PART i. Enter the diseas ahock, or heert t	es, or complications failure. List only one	that caused coused on ea	the death. E ich line.	o not ente	r the mo	de of dyin	g, such	aa cardiec	or reapirat	Dry arrest,	Approximate Interval Between						
	IMMEDIATE CAUSE (Final		100	11-		10	0					Onset and Deat						
	resulting in death)		TRIX	HC	/	4/4	16	>/										
	disease or condition a. ARDAC ARREST DUE TO (OR AS A CONSEQUENCE OF): CORO NARY ARTERY DIS																	
NO N																		
- SF	if any, leading to immediate cause. Enter UNDERLYING																	
¥	cause. Enter UNDERLYING	CAUSE (Disease or injury C.																
FICAT		C. DUI	E TO (OR AS A	COMPEDUENC	E OF):						resulting in death) LAST							
ERTIFICAL	CAUSE (Disease or injury that initiated events	c. Dui	E TO (OR AS A	CONSEQUENC	E OF):													
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	o to death bu			nderiyin	g ceuse giv	ven in P	Part I. 24a	. WAS AN AU		Ib. WERE AUTOPSY FINDINGS						
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	o to death bu			nderiyin	g ceuse giv	ven in P		PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	o to death bu			nderiyin	g cause giv	ven in P			ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	o to death bu			nderiyin	g ceuse gl	ven in P		PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co	d. contribution	ng to death bu				g ceuse giv		_ 10	PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co	d. contribution contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contributi	ng to death bu	ut not reaulti	ng in the u	28. PI	LACE OF DE/	ATH (Chec	_ 10	PERFORME VES 2	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co	onditions contributing OICAL HOSPITAL 1 Inpetient	ig to death but	at not reaulti	OTHE A 4 - Nu	28. Pi R; raing Horr 28c. INJ	LACE OF DE/	ATH (Chec	ck only one)	PERFORME YES 2	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHISICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co	onditiona contributing OCAL HOSPITAL 1 inpettent 288. DAT	ig to death bu	at not reaulti	ng in the u	28. Pi R; rsing Horr 28c. INJ WC	LACE OF DEA	ATH (Chec	ck only one)	PERFORME YES 2	D? NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
DI PRISICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co	d. conditions contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of	ig to death but	attent 3 DD	OTHE	28. Pi R; rsing Horr 28c. IN. WC 1	LACE OF DEJ	ATH (Chec	ok only one) Other (Sp. 28d. DESCRIE	PERFORME YES 2 ec/ly) BE HOW INJU	D? NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co	d. conditions contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of	ig to death but the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	attent 3 DD	OTHE	28. Pi R; rsing Horr 28c. IN. WC 1	LACE OF DEJ	ATH (Chec	ok only one) Other (Sp. 28d. DESCRIE	PERFORME YES 2 ec/fy) BE HOW INJU	NO NO URY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co 25. WAS CASE REFERRED TO MED EXAMINER? 1	d. proditions contribution DICAL HOSPITAL 1 inpetient 28e. DAT (Mornined 28e. PLA building GPHYSICIAN: To the be	ig to death but the state of injury and the state of injury and the state of injury and the state of injury and the state of injury and the state of injury knowle	attent 3 DD 28b. — At home, far	A OTHE A 4 Nu TIME OF INJURY M	28. Pt R: rsing Horr 28c. INJ WC 1 ttory, office	LACE OF DEA	ATH (Chec idence 8 NO ::	1 [Sk only one) 5 Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or To	PERFORME YES 2 ecity) SE HOW INJU N (Street and wri, State)	JRY OCCURED Number or Rural r as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
ED BY PHISICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co 25. WAS CASE REFERRED TO MED EXAMINER? 1	d. proditions contribution DICAL HOSPITAL 1 inpetient 28e. DAT (Mornined 28e. PLA building GPHYSICIAN: To the be	ig to death but the state of injury and the state of injury and the state of injury and the state of injury and the state of injury and the state of injury knowle	attent 3 DD 28b. — At home, far	A OTHE A 4 Nu TIME OF INJURY M	28. Pt R: rsing Horr 28c. INJ WC 1 ttory, office	LACE OF DEA	ATH (Chec idence 8 NO ::	1 [Sk only one) 5 Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or To	PERFORME YES 2 ecity) SE HOW INJU N (Street and wri, State)	JRY OCCURED Number or Rural r as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co 25. WAS CASE REFERRED TO MED EXAMINER? 1	onditions contribution OICAL HOSPITAL 1 Inpetient 28e. PLA (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mo	ig to death but the state of injury and the state of injury and the state of injury and the state of injury and the state of injury and the state of injury knowle	attent 3 DD 28b. — At home, far	A OTHE A 4 Nu TIME OF INJURY M	28. Pt R: rsing Horr 28c. INJ WC 1 ttory, office	LACE OF DEA	ATH (Chece 8 NO	1 [Other (Sp. 286. DESCRIE	ecity) BE HOW INJU. N (Street and write, State)	JRY OCCURED Number or Rural r as stated. fus to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co 25. WAS CASE REFERRED TO MET EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi Invest 3 Suicide 8 Could deterr 29a. CERTIFIER (Check only one) 1 CERTIFIER MEDICAL	onditions contribution OICAL HOSPITAL 1 Inpetient 28e. PLA (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mor (Mo	ig to death but the state of injury and the state of injury and the state of injury and the state of injury and the state of injury and the state of injury knowle	attent 3 DD 28b. — At home, far	A OTHE A 4 Nu TIME OF INJURY M	28. Pt R: rsing Horr 28c. INJ WC 1 ttory, office	LACE OF DEJ	ATH (Chece 8 NO	1 [Other (Sp. 286. DESCRIE	ecity) BE HOW INJU. N (Street and write, State)	JRY OCCURED Number or Rural r as stated. fus to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,						
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant co 25. WAS CASE REFERRED TO MET EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi Invest 3 Suicide 8 Could deterr 29a. CERTIFIER (Check only one) 1 CERTIFIER MEDICAL	DICAL HOSPITAL HOSPITAL I inpettent 28e. DAT (Monined GPHYSICIAN: To the be- EXTURINED On the basis	ig to death but the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	attent 3 DD 28b. — At home, far fly) edge, death occurrently	OTHE A 4 Nu TIME OF INJURY M	28. Pt R: rsing Horr 28c. INJ WC 1 ttory, office	LACE OF DEJ	ATH (Chece 8 NO	1 [Other (Sp. 286. DESCRIE	ecity) BE HOW INJU. N (Street and write, State)	JRY OCCURED Number or Rural r as stated. fus to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,						
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co 25. WAS CASE REFERRED TO MEE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi 2 Accident 3 Suicide 8 Could 4 Homicide 8 Could 4 Homicide 8 Could 6 determ 29a. CERTIFIER (Check only one) 2 MEDICALA 29b. SIGNATURE AND TITLE OF C	DICAL HOSPITAL HOSPITAL I inpettent 28e. DAT (Monined GPHYSICIAN: To the be- EXTREER LETTITIER	ig to death but a construction of examination of cause of Dea	at not resulti	OTHE A 4 Nu TIME OF INJURY Mmm, street, factoring at the pation, in my	28. PFR: rsing Horr 28c. INJ WC 1 Ditory, office	LACE OF DEJ	ATH (Checo didence 6 NO in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	1 Cock only one) 1 Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or To the cause(s), time, data and BER	ecity) BE HOW INJU. N (Street and write, State)	JRY OCCURED Number or Rural r as stated. fus to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,						
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant co 25. WAS CASE REFERRED TO MEE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi 2 Accident 3 Suicide 8 Could 4 Homicide 8 Could 4 Homicide 8 Could 6 determ 29a. CERTIFIER (Check only one) 2 MEDICALA 29b. SIGNATURE AND TITLE OF C	onditions contribution Original Hospital 1 Impelient 28e, DATA 1 Mospital 1 Mospital 28e, PLA Mospital 28e, PLA Mospital 28e, PLA Mospital 28e, PLA Mospital 28e, PLA Mospital 28e, PLA Son who completed Son who completed 32. REGE 32. REGE 32. REGE	ig to death but a construction of examination of cause of Dea	at not resultive attent 3 Do 28b. At home, farefy) At home, farefy) At home farefy) HARFOF	OTHE A 4 Nu TIME OF INJURY Mmm, street, factoring at the pation, in my	28. PFR: rsing Horr 28c. INJ WC 1 Ditory, office	LACE OF DEJ	ATH (Checo didence 6 NO in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	1 Cock only one) 1 Other (Sp. 28d. DESCRIE 28f. LOCATIOn City or To the cause(s), time, data and BER	ecity) BE HOW INJU. N (Street and write, State)	JRY OCCURED Number or Rural r as stated. fus to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,						

×

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permeter the filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	2 31701					
	1. DECEDENT'S NAME (First, Middle, Lest) MARGIE 1. DECEDENT'S NAME (First, Middle, Lest)	ETMAN	2. DATE OF DEATH	3. TIME OF DEATH 2 : FO A M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost b) 434 -34 -734/ 1 \(\text{ M 2 } \) \(\)	oirthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 - 8 - 1930	BIRTHPLACE (State or Foreign Country)					
TOR	98. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. RESIDENCE OF DECEDENT								
DIRECTOR		10c, CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 12 YES 2 1 NO					
FUNERAL	10. STREET AND NUMBER King Jail & Crale 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME	101. ZIP CODE 2/20	7	OF WHAT COUNTRY?					
B⊀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify	n, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give lime. December of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the co	EDENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)	166, KIND OF BUSINESS/INDUS	TRY					
BE COM		18, MOTHER'S NAI	ME (First, Middle, Maiden Surname)						
TO B	Johnny Letnan, S	MAILING ADDRESS (Street and Number or Flural F	loute Number, City or Town, State, Zio Co	Ho nd 21207					
		4 Donation 5 Other (Specify) Garrison Forest Vel N/17/17 (w) 1 45 M//s M							
	· Ween Elman	March F. H. 4	Wabash Due						
	23. PART I. Enter the diseases, or complications that caused the deat shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or is a consecut	Tony failure	n as cardiac or respiratory arrest	Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ATIC CANCE	R						
CERTIF	that initiated events resulting in death) LAST d	ENCE OF):							
A	PART II. Other significant conditions contributing to death but not res	uiting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY. PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDIC				1 YES 2 NO					
/SICI/	25. WAS CASE REFERENCE OF MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: Impatient 2 ER/Outpetient 3	26. PLACE OF DEATH (Che OTHER: DOA 4 Nursing Home 5 Residence							
ву Рн	2 Accident Investigation	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ED					
	4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or iron			suse(a) and manner se stated,					
TO BE	296. SIGNATURE AND OPICE OF CONTINUES. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM	7 SK in CES!	BENT ≥ 11	GNED (Month, Dey, Yell) 92					
	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEELS WHO IS ILL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Sino	i HOSPi	TAL					
	NOV 1 6 1992 July 1992			District of December 1					

	afte	4	MOV	ical
	Sund	Ę.	If re	peu
		Hed	0,0	10
	ir	Ne.	natio	=
2	With	plete	сгел	/ent
	rted	100	ig,	
	exect	and	ing o	nati
	9	cian	ior tr	rant
	cate	hysi	e pr	10
	ertifi	ng p	gien	otho
	th c	endl	Ŧ	0
	dead	att	enta	Ž,
	the	the	S	를
	that	d b	J an	my
	Se	igne	ealth	100
í	equi	en s	H JO	how
	W.	s be	ept.	50
	he	ha	0 0	E
	N: T	Cat	Stat	Te
	ICIA	Sertil	静	0
;	HAS	his c	With	ked
	NG P	ter t	ath	mar
)	ig.	A: A	r de	50
)	E	5	afte	28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wied in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
ı	A	AL	12	Ξ
	SPIT	VER	hin	Ë
	오	E	With	IM
	뿓	뿔	fled	POR
	2	2	2	E

REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)	LEE	JR.	2. DATE OF DEATH DAY	year 9 P							
213-50-4562 1×1120F	37 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5=1-1955	8. BIRTHPLACE (State or Foreign Country)							
SEPTEMBLE (If not institution, give atroot and number) SEPTEMBLE DE HOSPI FOR CO. RESIDENCE OF DECEDENT	,	Sykesviffe		our of l							
Maryland Baltimore		OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 XYES 2 NO							
25 Meteor Court		10f. ZIP CODE 2123		U.S.A.							
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 XNO R OR DATES	13. WAS DECENDENT OF HISPA If yes, epecify Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify: BIACK							
04/05/	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)										
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme)											
Joe William Lee, Sr. Reba Moore 190. INFORMANT'S NAME (Type/Print) HOSpital Records, Sykesville, MD											
20e. METHOD OF DISPOSITION 1 CBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	le. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Tow other place)										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	lies	Eugene R.		1 Home							
DUE TO (OR AS A CONSEQUENCE OF):			Onset and De							
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initiated events eaulting in death) LAST											
PART II. Other aignificant conditions contributing to		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 N NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Minpetient 2		26. PLACE OF DEATH (C									
27. MANNER OF DEATH 1 Netural 6 Pending 28e. DATE OF (Month, Date of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Death of Deat	NJURY 28b. TIME C		28d. DESCRIBE HOW INJURY OF	CCURED							
	INJURY — At home, farm, streetc. (Specify)		281. LOCATION (Street and Number City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expenses of expens											
296. SIGNATURE AND TITLE OF CERTIFIER Suha Ozem, M.Z.		29c. LICENSE NU	IMBER 29d. DA	TE SIGNED (Month, Day, Year)							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS Suna OZGUN, H.D.	E OF DEATH (ITEM E) Type, Pr	Hospital Su	kesvifle, Md. 2	1784							
31AOM FULED (Mornin, Day, Share) 33, MEDISTINA	13 PRINCES	riasprion, - yr	1114, 1101 C	,,,,,							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR		STATE OF I	MAHYL			ICATE				MENTA	REG. NO			
		1. DECEDENT'S NAME (First,	Middle, Last)		Ec	dna M	lar	ie I	ync	:h		2. DATE MONT	OF DEATH	10 9	YEAR	3. TIME OF DEATH 1935 PM
		4. SOCIAL SECURITY NUMBER	ER	5. SEX	.A. AGE	(In yrs. last b		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)			LACE (State or Foreign
Pin	1 3	215-84-119 9a. FACILITY NAME (If not ins		1 M 2 X F		30	YRS.						31			h Carolina
2, 3 should	СТОВ	UMMS					96. CITY, TOWN DR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH									ATH
Pages 1	ш	RESIDENCE OF DEC	10b. COUNTY	r			10c. CIT	Y, TOWN C	R LOCAT	ION	-					10d. INSIDE CITY
£.	E G	Maryland	Ba	1timore	е			Rand	a11	sto	wn					LIMITS?
permit.	RAL	10a. STREET AND NUMBER		200000000000000000000000000000000000000						ZIP COD				10g. CITI	ZEN OF WI	HAT COUNTRY?
lan. transit	FUNE	3405 Mead	dowda								244					
215-0020 attending physician. use as the burial-transit	B	1 Never Merried 2 1 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? IF YES, GIVE Y	YES	2X 10			f yes, sp	ENDENT Cobs	n, Mexica	in, Puerto Rican, etc.) Black				- American Indian, White, etc. :: Black
r atten use as	8		DENT'S EDU					USUAL O			w.	168	KIND OF BU	ISINESS/IND		Diack
AND 21, he hospital or detached for u	COMPLET	Elementary/Secondary (0-	1	College (1-4 or 5	+)	ille. Di	o NOT u	uden		St Of WORK		ССВ				
4 5 9 S	Ö	17. FATHER'S NAME (First, Mic								18. MOTI	HER'S NA	ME (First,	Middle, Malder	Sumame)		
E SE DE		David L. Lynch, Sr. 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)														
E, MAR be retained age 5 should	-	David & V:	irgin		ch			Mea								21244 own, MD
6 may lector, pag		20a, METHOD OF DISPOSITION 1 N Burlai 2 Cremation		oval from State		b. PLACE AN						DAT		OCATION —		
Page 6 m director,		4 Donation 5 Other (: 21. SIGNATURE OF FUNERAL,		CENSEE .	_ \ V	Mood 1	.awı	n Ce	met	ery	DE OF EA					Co. MD
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes is 2501 Gwynns Falls Parkway Baltimore, MD 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximate												. Homes in		
24 hours after of filled in by the ion, or removal.		23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Find	art fallure.	complications the List only one car	it cause use on e	d the deat each line.	h. Do i	not enter	the mo	de of dy	ing, suci	h as can	flac or reap	iratory arr	est,	Approximate interval Between Onset and Death
- 30 50 50	1	disease or condition a. SEPS/S											3 PAYI			
8 5 - 8				DUE TO	(OR AS	A CONSEQU	ENCE O	F):	3000		1.	0.				10000
executed and control to burial,	o N	Sequentially list condition										1610				
o cia p	8	Cause. Enter UNDERLYING CAUSE (Disease or Injury C. END STAGE RENAL DISEASE										(1				
th certificate tending physical Hyglene principles		that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): SYSTEMIC LUPUT d.								Pur ERYTHEMATOSIS						4
the death y the atten of Mental P		PART ii. Other significan	t condition										24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
D to D to S		PERFORMED?									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
law requires as been sign bept, of Heal	MED											_	7		1	T YES 2 NO
		25 440 0405 05550000	450.01		_											
2 f e a a		25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	FR/Outr	nationt 3	DOA	OTHER	1:	ACE DF D						
PHYSICIA this certif with the	ř	27. MANNER OF DEATH		26a. DATE OF	INJURY		28b. TIM	-	26c. INJ		raidence		CRIBE HOW	INJURY OCC	CURED	
DING PHYS After this death with	ВУ	1/Statural 5 P	ending restigation	(Month, E	ymy, romry		*1194	M		RK? 'ES 2) NO					
TTENDI TTOR: A after de	ED.		ould not be etermined	28e. PLACE (building,	OF INJURY etc. (Spe	Y — At home	, term, :	street, fact	ory, office			281. LOC C/ty	ATION (Street or Town, State	and Number)	or Rural Ro	ute Number,
AL DR	릴			CIAN: To the best of a												and menner as stated.
E HOS	m O	296. SIGNATURE AND TITLE	DE CERTIFIE	1						29c. LICE	NSE NUM	IBER		29d. DATE	E SIGNED (Month, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within 7	TO B	Morry !	1. /la	us us								11/10/92				10/92
	-	30. NAME AND ADDRESS OF														
		MORRIS S. M. 31. DATE FILED (Month, Day, M.	AUS A	32. REGISTRA		EASITY NATURE		JOS PIT	ge_	ير	201	0 F /	EDICI	سوس		
		NOV 1 6 19	92	I law Bens	en-	mark										

Vancous and the

	ř
-	
0	
94	
N	
00	
400	
68	
BOX	
$\overline{}$	
-	
BOX	
_	
0	
-	
۳.	
_	
- 5	
S	
0	
α	
RECOR	
\mathbf{c}	
13	
\circ	
ш	
~	
4	
⋖	
_	
_	
VITA	
OF VITAL	
11	
-	
0	
_	
7	
=	
CO	
VISION	
-	
=	

31. DATE FILED (Month, Day, Year)
NOV 1 3 1992

TO FENERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

The function: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans mithin 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH F DEAT	AND ME	NTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) ANNA E LANG	/IIIF				2.	DATE OF DEATH	W Y549	3. TIME OF DEATH 3:05 D				
	4. SOCIAL SECURITY NUMBER 220-07-5885	5. SEX 8. AGE 1 M 2 C F 80	(In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAY	-	24 HRS. 7.	DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign				
TOR	9a. FACILITY NAME (# not institution, give str NORTH ARUNDEL H(RESIDENCE OF DECEDENT		С.		BURNI		1	AA COUNTY OF					
- DIRECTOR	MD 106. STATE ANNE	ARUNDEL	10c, CIT PA	SADENA	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
IERAI	100. STREET AND NUMBER 929 9th				101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A.								
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Noverced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarlo Rican, etc.) 1 VES 2 (X) NO Specify: 1. RACE — American Black, Whita, atc. Specify: Specify: WHITE								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u MISTY H	work done during se retired.)	ATION most of working	9	166. KINO OF BUSINESS/INDUSTRY SEWING MACHINE OP						
	17. FATHER'S NAME (First, Middle, Last) ARTHUR J. WHITE	SR.			18. MOTHER'S NAME (First, Middle, Maiden Surname) AGNES PAULINE BELT								
TO BE	19a. INFORMANT'S NAME (Type/Print) EDITH PAULINE NUNNALLY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 929 9th Street Pasadena, Md. 21122												
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	20a. METHOD OF DISPOSITION 1 \(\subset{\subset}\) Barriel 2 \(\subset{\subset}\) Cremetion 3 \(\subset{\subset}\) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completery, cremetory or other piace) LOUDON PARK CEM BALT.MD. 11/14/92 BALT.MD.											
	22. NAME AND ADDRESS OF FACILITY Stallings Funeral Home P.A. 3111 Mt. Rd. Pasadena, Md. 21122												
	21 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one saute on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)												
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not peaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSV PERFORMED? PERFORMED? 1 YES 2 NO OF												
SICIAN		HOSFITAL:	etter 3 C pos	OTHER:	PLACE OF DE								
ву Рну	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	R OF DEATH 28s. DATE OF INJURY (Movin, Day, Near) 28s. TIME OF 28s. INJURY WORKT WORKT											
	3 Suicide 6 Could not be determined	281	285. LOCATION (Simes and Mumber or Plural Route Number, City or Town, State)										
COMPLETED		AN: To the best of my know							i) end manner as stated.				
H	29b. SGNATURE AND TITLE OF CERTIFIER	NU	}			3 /g	256	29d. DATE SIGNED	12/9 1				
5	JORGE M. RAMIREZ, M.	COMPLETED CAUSE OF DE. 17845 OAK	WOOD ROA	Print) D,#205/	GLEN E	BURNIE	, MARYLA	ND 21061	1				

NOV 1 0 1992 guha Davidson-Rocker

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	,
_	
-	
0	
9	
68760	
00	
w	
ထ	
\times	
0	
BOX	
m	
-	
0	
$\mathbf{\circ}$	
ο.	
P.0.	
10	
47	
=	
ш	
0	
\circ	
()	
RECORDS	
ш	
C	
⋖	
OF VITAL	
_	
_	
ш.	
0	
$\mathbf{\circ}$	
_	
~	
0	
IVISION	
-	
>	
_	

		4 DECEMBER NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER	1				ned. IN			
	- 4	Annabelle	Multer				2. DATE OF DEATH MONTH	# d	3. TIME OF DEATH	
	. 1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (Staty or Foreign	
오		220-29-9143	1 - M 2 XF	A YRS.	MONTHS DAY	YB HOURS MIN.	(Month) Day 1647)	129	COUNTRY) HIO	
3 should	~	Se. FACILITY NAME (If not institution, give a	treet and number)			ISON.	EATH A:C	ac COUNTY	OF DEATH	
1, 2, 3	CTO	RESIDENCE OF DECEDENT	TOSPHA		100	13011		1004	to.	
Pages	DIREC	10a. STATE 10b. COUNTY	Υ	10c, Cl	TY, TOWN OR LO	110	-		10d. INSIDE CITY	
permit. P		MO B	alto-		Ro-	SEDAL	<u> </u>		1 TYES 2 TOWN	
is.	FUNERAL	6410 Golder	Ring F	38		21 23	7	10g. CITIZEI	10g. CITIZEN OF WHAT COUNTRY?	
physician. burial-transit	FU	11. MARITAL STATUS 1 Never Married Married	12. WAS DECEDENT EVER I FORCES? 1 YES	ZNO	If yes	i, specify Cuban, Mexic		ns or No- 14	RACE — American Indian, Black, White, etc.	
ding p	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	10	YES 2 NO Speci	lly:		WHITE	
r attenduse as	回	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	work done during	PATION g most of working	16b. KIND OF BI	JSINESS/INDUS	TRY	
d for	TO BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIII. Do NOT t	ise retired.)		D		7.7.	
the hospit detached once.		17. FATHER'S NAME (First, Middle, Last)	4	ADMIT	TING C		AME (First, Middle, Maide	LIC HE	ALTH	
to be the		STEFAN GALUSC	!A			RACHEI				
5 should notified		19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str		Route Number, City or To		ode)	
ay be ref page 5 s		NICHOLAS MILLE		6410			ROAD-BAL	TIMORE	MD. 21237	
nours after death. Page 6 may be retained by the hospital or attending physician. ad in by the funeral director, page 5 should be detached for use as the buriat-tran or removal. medical examiner must be notified at once.		20e METHOD OF DISPOSITION 1 \(\sum_{\text{Burlai}} \) Burlai \(2 \sum_{\text{Dermatton}} \) Crematton \(3 \sum_{\text{Rem}} \) Rem 4 \(\sum_{\text{Densation}} \) Donation \(5 \sum_{\text{Densation}} \) Other (Specify)	oval from State	ATIONAL	of DISPOSITION CEME	NGTON TERY	1.		or Town, State	
h. Pag eral di niner		21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 marine		E AND ADDRESS OF F	ACILITY			
ter death. P the funeral oval.		- Lary	d. Nou	0	426	CRAIN I	WY.S.WE	GLEN E	HOME 21061 SURNIE, MD.	
urs after in by the removal		23. PART I. Enter the diseases, or a shock, or heart falloge.	complications that cause List only one cause on e	d the death. Do	not enter the	mode of dying, suc	ch aa cardiac or resp	olratory arres		
24 hou filled on, or he m		IMMEDIATE CAUSE (Final				01.			Interval Between Onset and Death	
completely ial, cremati event, tl		disease or condition resulting in death)	CORGA	A CONSÉDUENCE O	rory	JAGRADZI	S		unterior	
8 9 3 9	_			ONEM	AT	A :	land		274	
an and c to buria	ERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE	Horas	A Page	1009		00 A 001	
physician ne prior to	S S	CAUSE (Disease or injury	e Coror	cary	from	By By pass	Surgery	/	45 hrs.	
nding phy Hygiene or other	Ë	that initiated events resulting in death) LAST	DUE TO (DR AS	CONSEQUENCE C	Cho -/	the I	Constitution		2741.	
ne death certi the attending Mental Hygie Ilury, or oth	E		d. CAO	SINE THE	WING - L	county th	preden		21 45.	
T do t	¥.	PART II. Other aignificant condition	a contributing to death t	out not resulting	in the under	ying cause given in	Part I, 24a. WAS A PERFO	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
uires that signed by Health an	EDICAL						1 YES	2 XNO	OF DEATH?	
	5						-	′	1 TES 2 NO	
SICIAN: The law req certificate has been the State Dept. of 1, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			20	S. PLACE OF DEATH (C	heck only one)		NIA	
CIAN: The rifficate he State or Item	SIC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 Residence				
PHYSICI this cer with th	PHY	27 MANNER OF SEATH	(28a. DATE OF INJURY (Month, Day, Year)	26b. TH	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
ing PHYS ifter this eath with marked	BY	1 Natural 5 Pending Investigation				YES 2 NO				
OR ATTENDING PHYNDINE DIRECTOR: After this hours after death with Item 28 is marked	TED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	office	281, LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
물물었는	COMPLET		CIAN: To the best of my know						ause(e) and menner as stated,	
HTANES		29b. SIGNATURE AND TITLE OF CERTIFIE				29c LICENSE NU	MRFR	294 DATE S	IGNED (Month Day Year)	
See 2) BE	Machen V	Las			D-2304	5	► //-	14-92	
	2	30. NAME AND ADDRESS OF PERSON WH	111	120 S	Print) Prop	mor T	uson, Ma	2120	4	
		31. DATE FILED Month, Day, Year)	LA DELYGON THE	ATTECH TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN	1 100	WI. D	000 011 110	LILLY		
		NOV 1 6 1992 94	may well doon- it							

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

-
68760
9
-
∞
8
×
0
BOX
\mathbf{m}
_
0
0
9.
п.
S
0
Œ
$\overline{}$
O
CORDS
111
RE
Œ
VITAL F
⋖
_
-
-
L
$\overline{}$
\circ
_
Z
0
\subseteq
10
9)
=
-
DIVISION

Į.	MONTH DAY WEAD												3. TIME OF DEATN 1:35 P.		
	4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE	(In yrs. last I	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	, ₁	O. BIRTH	IPLACE (State or Foreign
	461-28-2190)	1 🗌 M 2 🖾 F		83	YRS.	MONTHS	DAYS	HOURS	MIN.		. 16, 19	08	Count	ı) IDAN, ARKAN
	9a. FACILITY NAME (If not in						9b. CITY	, TOWN	OR LOCATI	ON OF D		.10,12	9c. COUN		
	FREDERICK V		NURSING C	CENTE	ER								BA	LTIM	ORE
	10a. STATE	10b. COUNT				10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	E	ALTIMORE			ARBUTUS									1 YES 2 NO
LONGRAL	964 REGINA	DRIVE				101. ZIP CODE					227		10g. CITU	U.S	WHAT COUNTRY?
	11. MARITAL STATUS	DRIVE	12. WAS DECEDER	NT EVER I	IN U.S. ARM							17 (Specify Yea	or No		- American Indian.
	1 Never Married 2 3 Widowed 4 Divo		FORCES?	YES	2 NO	NO If yee, specify Cuban, Mexic 1 YES 2 NO Spec						Rican, etc.)		Spec	k, White, atc. WHITE
CIED	15. DEC (Specify only	EDENT'S EDI y highest grad	JCATION e completed)		(Give	CEDENT'S USUAL OCCUPATION five kind of work done during most of working					16b.	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		Do NOT use retired.)						CEDMAN	OBBI	Y A 37 A	C.P.
	9TH GRADE 17. FATHER'S NAME (First, M	licidle (ant)			COC)K			I sa MOT	HED'S M	_	GERMAN		ANA	GE
	GEORGE (N			18. MOTHER'S NAME (First, Middle, Maiden Surname) ALICE KELLY									
D	19a, INFORMANT'S NAME (7		.11		19b.	MAILING	ADORES	(Street				ber, City or Town	n, State, Zip	Code)	
2	AUDREY J.	MAHON	EY						DRIVE			US, MD			
	20a. METNOO OF DISPOSIT	n 3 🗆 Ren	noval from State	cen	b. PLACE AN	etory or oti	ner niecel				DAT		CATION —		wn, State
1	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		CENSEE	M	LADOW	PRIDGE MEMORIAL PARK 11/14 ELKRIDGE 22. NAME AND ADDRESS OF FACILITY									
1	()0111	7 7	3101/1				HU	BBA	RD F	JNER	AL HO	OME IN			
4	23. PART I. Enter the d	1	money				4:	07	WILK	ENS	AVEN	JE-BAL'	TIMOR	RE, 1	4D. 21229
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										2410.				
	CAUSE (Disease or injury that initiated events resulting in death) LAST d DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other algnifice	nt conditio	na contributing to	death b	but not res	sulting in	the ur	deriyin	ng cause (given in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDING
	Rematris Botheritini 1 yes 2 (1) 40									COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO	O MEOIGAL						26. P	PLACE OF D	EATN (Ch	neck only on	ne)			
PHYSICIAN	EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	DOA	OTHER	ing Nor	me 5 🗆 Re	sidence	6 🗆 Othe	r (Specify)			
		Pending investigation	28e. DATE Of (Month, I	F INJURY Day, Year)		26b. TIME INJU		W	JURY AT ORK? YES 2	NO	28d. DES	CRIBE HOW II	NJURY OCC	CURED	
3		Could not be determined	28e. PLACE (building	OF INJURY , atc. (Spe	Y — A1 hom ocify)	e, larm, si	treet, fact	ory, offic	ca			ATION (Street a or Town, Stete)	ind Number	or Rural I	Route Number,
COMPLE	anal		BICIAN: To the best of CER: On the basis of C												i) and manner ee stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	m Zun			lu	6		29c. LICI	ENSE NU	MBER		29d. DATE	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF								111	100		, , ,	100-	-/	L' LL
	DR. DAVID					DRIV	/E -	ARI	BUTUS 	, MA	ARYLA	ND 2	1227		
	NOV 16 1992	2 4	wie Davidson	~ Ach	dell										

.

- 10 0

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Littleton C.	Merrit	tt			2. DATE OF MONTH	DEATH DAY	YEAR 92	3. TIME OF DEATH 0428 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX 224-07-7702	6. AGE (in y		IF UNDER 1 YEAR		7. DATE OF (Month, D 5 - 2	3-1913	8. BIRTHPLACE (State or Foreign Country) V a			
TOR	9a. FACILITY NAME (If not institution, give street and in				OR LOCATION OF DE		9c. (COUNTY OF	DEATH		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			imore	VN OR LOCATION 10d.						
BAL	10. STREET AND NUMBER 604 Wyaoke Avenue				101. ZIP CODE 21218		10g.	CITIZEN OF	1 VES 2 NO EN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 12. WAS 1 Never Married 2 Married FOR	DECEDENT EVER IN U. CES? 1 YES : ES, GIVE WAR OR DATE	2 NO	If yes,	ECENDENT OF HISPAN apacify, Cuban, Mexica ES 2 NO Specify						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) 10th College) 16 (1-4 or 5+)	(Give kind of wo	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							
CON	17. FATHER'S NAME (First, Middle, Last) Clarence L. Merritt				18. MOTHER'S NA		Walden Suman	ne)			
TO BE	190. INFORMANT'S NAME (Type/Print) Salonia Merritt		196. MAILING A	E. 24	th Street	Balt	chy or town. State	Zip Code) Md 212	218		
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove from State 20b. PLACE AND DATE OF DISPOSITION (Name of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complete Line of Complet										
	21. SIGNATURE OF FUNERAL SERVICE LICENSTE	22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given i										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF DEATH (Ch				1 YES 2 (NO		
IYSIC		ITAL: Itlent 2 ER/Outpetle DATE OF INJURY		OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 Other (S					
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	ÜLMI	M 1	NJURY AT WORK? YES 2 NO		BE HOW INJURY				
ETE	3 Suicide 6 Could not ba 4 Homicide determined	PLACE OF INJURY — building, atc. (Specify)	At home, farm, sti	reet, factory, of	fice	281, LOCATIO	ON (Street and Nur own, State)	nber or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To I MEDICAL EXAMINER: On the								(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Some of Control			29c. LICENSE NUN	/	036 D	DATE SIGNE	D (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLE DANIEL NISUSS, MA	Λ			WAL HOS						
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATU		Į.							
	U 100L	Francia Coal	-NAINE						DHMH-16 Rev 1/89		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

N	
9	
F	
7	1
Œ	
MARYLAND	
	-
ď	i
0	
BALTIMORE ,	-
5	4
BAI	-
m	Acres of the same
	-
-	
60	1
(68760	the second
9	-
BOX	2
ă	1

DIMISION OF VITAL RECORDS. P.O.

	- 3	1. DECEDENT'S NAME (First, Middle, Last) MARION	MCBRID	E					13 1	3. TIME OF DEATH 992 6:20		
		4. SOCIAL SECURITY NUMBER		E (In yrs. les		IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (State or Fore		
P	- 1	250-20-0636		78	YRS.	ONTHS DA	rs HOURS MIN.	(Month, Day, Year) 12/23/]		Warren S.		
2, 3 should	NC.	90. FACILITY NAME (If not institution, give s THE JOHNS HOP		AL	1		VN OR LOCATION OF TIMORE CI			OF DEATH LTIMORE		
permit. Pages 1, 2	ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		in arry				1		_	
	DIRE	Maryland	Y			TOWN OR LO			10d.			
Dermit.	AL I	10e. STREET AND NUMBER	-		L Do	altim	1 YES 2 NO N OF WHAT COUNTRY?					
	E	633 N Aisquith	Street				2120	2	U.S.			
215-0020 attending physician.	BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N	MED	if yes	DECENDENT OF HISP , specify Cuban, Mexi YES 2 DENO Spec	ANIC ORIGIN? (Specify Yo can, Puerto Rican, etc.) city:	es or No— 14	. RACE American Indiar Black, White, etc. Specify:	١,	
215-0 attending se as the	ED B	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S U	SUAL OCCUE	MITON	16b. KIND OF BU		fricanAme	ri	
E 8 C	13	(Specify only highest grade Elementary/Secondary (0-12)		(G/	ve kind of wo Do NOT use	rk done during	most of working	IOD. KIND OF BU	JSINESS/INDUS	THY		
0 2 2	COMPLET	5th grade 17. FATHER'S NAME (First, Middle, Last)		lal	orer			Rag F	actor	V		
			C				Sec. 10 11 Co. 10	NAME (First, Middle, Maide				
	BE	Thomas McBride	Sr.	198	MAILING A	DORESS /Str	Alic	CE Number, City or To	um State 7in Co	ode)	_	
5 5 5	임	Thomas McBride	Jr.					rum Lynn,				
RE, may be		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem		10b. PLACE	ND DATEOF	DISPOSITION	(Name of	DATE 20c. L	OCATION — CH	y or Town, State		
IMOR Page 6 ma Il director, p		4 Donation 5 Other (Specify)		Gree	n Moi	int C	emetery	11/16/9	2 Bal	to. Md	_	
ALT death. e funera ii.		Calvin B.	Scruzz	10)	gr,	"14" Cal	vin B. S	eston St. ScruggsFu	Balto neral	O., Md 21:	21	
B, 24 nours after of y filed in by the tition, or removal.		23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause	ed the de	ath. Do not	enter the	mode of dying, su	ich as cardiac or resp	piratory arres	t, Approximat		
		IMMEDIATE CAUSE (Final disease or condition	9 .	Out III						Interval Bet Onset and		
760, ompletely I. cremati, event, ti		resulting in death)	a. Due to (OR A	S A CONSEC	HIENCE OD.					2der	P	
P 0 0 1 6	_	_	V.	4	NUENCE OF:					201-	3	
	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AL	A CONSEC	UENCE OF):	,				2den 2den	3	
	FICA	CAUSE (Disease or Injury	E MULTO OF AS	effo	LLDKO!	~				Tano	NO	
P.O. El th certificat ending phy I Hygiene p	E	that initiated events resulting in death) LAST	PAIDA	100			~ Miseo			Buch	Δ	
S, dear dear tenta	S	PART II. Other significant condition	e contributing to death					To go				
R at the	EDICAL	THE III OTHER BUILDING	e contributing to death	i but not n	southly H	the under	ying cause given i	PERFO	RMED?	24b. WERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA	0	
SECO requires the of Health shows an	MED		,					1 🗀 YES	2 []PRO	OF DEATH?		
> 60 -												
OF VITAL F HYSICIAN: The law r his certificate has be with the State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:			20 OTHER:	L PLACE OF DEATH (Check only one)			_	
ICIAN:	14 14 14 14	1 TYES 2 NO 27. MANNER OF DEATH	1 Dispetient 2 ER/O			☐ Nursing		8 Other (Specify)				
○ 동물물 등		1 Natural 5 Pending	(Month, Day, Year		INJUF	₹Y	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED		
DIMESION OF VITA CASTELLING PHYSICIAN: The CHECKER After this certificate in the death with the State C Item 28 is marked, or Item	red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	RY — At hor	me, farm, stri	et, factory, o	offica	281. LOCATION (Street City or Town, State	and Number or	Flural Floute Number,		
5 E	COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my kn	owledge, de	th occurred	at the time	date and place, and di	ue to the cause(s) and m	anner se stated			
4 70 =	OME	anal and	R: On the beals of exemine							ause(s) and manner as sta	ted.	
TO THE HOSPITA TO THE FUNERAL DE filed within 72 IMPORTANT: IT	ш	29b. SIGNATURE AND THE OF CERTIFIE	R				29c. LICENSE N	UMBER	29d. DATE S	IGNED (Month, Day, Year)	_	
5 5 3 X	0 8	Jan	MD						> 11	13/92		
		30. NAME AND ADDRESS OF PERSON WH	10	DEATH (ITER	1 27) (Type, P.	rint)	00					
_		31, DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	GNATURE								
	ļ	VAV + 6 1992 44	lia Devidson-Har	plette								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

												Q'	2 3	31789
	FOR 1 STATE		STATE OF I							MENTA	L HYGIENI	E) (1105
	REGISTRAR 1. DECEDENT'S HAME (First, M.	Helella (a.a.)			ERTIF	ICATE	OF	DEA	ТН		REG. NO.			
the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	BESSIE	H.	MOO	DE						MONT	OF DEATH	Y 10	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				No.		15	92	M PLACE (State or Foreign	
	215-01-3966 ¹□M²ⅪF				O YRS.		DAYS	HOURS	MIN.	(Month, Day, Year) C			Country)
- 8	9a. FACILITY NAME (If not instit		eet and number)	0	0	000 30 1912					NTY OF DE	Maryland		
E .	14 North			116										
5	RESIDENCE OF DECE	DENT	III Aven	ue		Baltimore						<u> </u>		
DIRECTOR		0b. COUNTY			100	DC. CITY, TOWN DR LOCATION								10d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER				Ва	1tim	_	ZIP COD	_	I as agreem				1 X YES 2 NO
FUNERAL	14 North Gorman Avenue						101.			~		10g. CITI		HAT COUNTRY?
NE	14 NOTTH		12 WAS DECEDEN	T EVER IN U.S.	ARMED 13. WAS DECENDENT OF HISPANI					V? (Specify Vee	or No	USA	- American Indian,	
	1 Never Married 2 Ma	arried	FORCES? 1	YES 2	NO	- 11	yes, spe	city Cubi		n, Puerto	Rican, etc.)	u	Black, Spec#	White, etc.
84	3 X Widowed 4 Divorce	id						2 110	Gpocarj				Specif	Black
	15. DECED (Specify only hi	ENT'S EDUC	ATION completed)		DECEDENT'S (Give kind of	work done du			ng	166	, KIND OF BUS	INESS/INC	DUSTRY	
H	Elementary/Secondary (0-12	1)	College (1-4 or 5	+)	ille. Do NOT u									=
COMPLETED	8th Grade	tto t and	_		Cu	tter							s Ra	ag Factory
	The second second						- 1				Middle, Melden	Sumame)		
9E	Winfield 19a. INFORMANT'S NAME (Type				19b. MAJLING	ADDRESS	(Street or				ughes ber, City or Town	State Zir	Codel	21215
5	Robert Mod	ore												
- 1	20a. METHOD OF DISPOSITION	V			E AND DATE	3 Keyworth Avenue Baltimore, MD TEOF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
1	1													
1	21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Nutter Funeral Ho 2501 Gwynns Falls Parkway Baltimore, MD 21216									Homes Inc				
	▶ Ernest	120	g pour	alla		25	01	GWY	nns	Fa	11s P	arkw	<i>l</i> ay	
	23. PART i. Enter the dise	eses, or co	omplications the	t caused the	death. Do	not enter t	he mo	de of dy	ing, suc	h aa can	diac or reapi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final		•		200									Interval Between Onset and Death
	disease or condition resulting in death)		MET	4ST A	Tic	IC BREAST				CI	ANCE	R		
		DUE TO (OR AS A CONSEDUENCE DF):												
NO.	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
¥.	cause. Enter UNDERLYING									Ì				
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (DR AS A COMSEDUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART II. Other significent	conditions	contributing to	death but no	t resulting	in the und	lerlying	cause	given in	Part i.	24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ঠ		1999	isulting in the underlying cause given in				PERFORMED?				AVAILABLE PRIOR TO COMPLETION DF CAUSE			
밀	1									1 YES 2 NO			- 1	OF DEATH? 1 YES 2 HD
ä													1	
1	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one)										ne)			
ᅙ	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient					OTHER:				8 Other (Specify)				
YSICI/	1 TYES 2 NO			ER/Outpatient	3 LI DOM	28b. TIME OF 28c. IHJURY AT 28d. DEŞCRIBE HOW INJURY O WORK?								
PHYSICI/	1 TYES 2 NO 27. MANHER OF DEATH			INJURY	28b. TIN	E OF	WO	RK?		28d. DE	SCRIBE HOW II	URY OC	CURED	
BY PHYSICI/	1 YES 2 NO 27. MANHER OF DEATH 1 Natural 5 Per		1 Inpatient 2 E	INJURY lay, Year)	28b. TIN	M	1 🗌 Y	RK? 'ES 2 [ND		l rest			
BY	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Co	nding	28e. DATE OF (Month, D	INJURY	28b. TIN	M	1 🗌 Y	RK? 'ES 2 [□ ND	28f. LOC	CATIOH (Street e or Town, State)			oute Number,
	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Pe 2 Accident Inv 3 Suicide 8 Co 4 Homicide dat	nding restigation ould not be termined	1 Inpatient 2 East DATE Of (Month, Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Dat	INJURY ay, Year) FINJURY — At atc. (Specify)	28b. Till IN. home, tarm,	M M street, factor	1 Y	RK? 'ES 2 [28f. LOC City	CATIOH (Street or Town, State)	and Number	r or Rural R	oute Number,
BY	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Co 4 Homicide dat 29e. CERTIFIER (Check only)	nding restigation and not be termined	28e. DATE OF (Month, E and 28e. PLACE C building,	INJURY lay, Year) FINJURY — At atc. (Specify) my knowledge,	home, tarm,	street, factor	Yory, office	end place	s, end due	281. LOC City	CATIOH (Street e or Town, State)	nd Number	or Rural Ri	
COMPLETED BY PHYSICIA	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Inv 3 Suicide 8 Co 4 Homicide det 29a. CERTIFIER (Check only one) 2 MEDICA	nding restigation puld not be termined YIHG PHYSIC	28e. DATE OF (Month, E and 28e. PLACE C building,	INJURY lay, Year) FINJURY — At atc. (Specify) my knowledge,	home, tarm,	street, factor	Yory, office	end place	e, end due	281. LOC City to the car time, date	CATIOH (Street e or Town, State)	nor as stard due to the	r or Rural Ri ted. te cause(s)	end manner ee stated.
BY	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Co 4 Homicide dat 29e. CERTIFIER (Check only)	nding restigation puld not be termined YIHG PHYSIC	28e. DATE OF (Month, E and 28e. PLACE C building,	INJURY lay, Year) FINJURY — At atc. (Specify) my knowledge,	home, tarm,	street, factor	Yory, office	end place	e, end due red at the EHSE HUI	28f. LOC City to the car time, date	CATIOH (Street e or Town, State)	nor as stard due to the	r or Rural Ri ted. te cause(s)	
COMPLETED BY	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Co 4 Homicide date 29. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF	ending restigation build not be termined YIHG PHYSIC LEXAMIHER	28e. DATE OF (Month). 28e. PLACE OF building. 28e. PLACE OF building.	iNJURY lay, Year) FINJURY — At stc. (Specify) my knowledge, xamination end/	28b. TIM IN. home, term, death occurr or investigation	M street, factored at the tin	Yory, office	end place	e, end due	281. LOC City to the car time, date	CATIOH (Street e or Town, State)	nor as stard due to the	r or Rural Ri ted. te cause(s)	end manner ee stated.
BE COMPLETED BY	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Co 4 Homicide date 29c. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND ADDRESS OF P	noting restigation wild not be termined YIHG PHYSIC LL EXAMIHER F CERTIFIER	28e. DATE OF (Month, D. 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building, 28e. PLACE C building	iNJURY lay, Year) FINJURY — At stc. (Specify) my knowledge, xamination end/	28b. TIM IN. home, term, death occurr or investigation	M street, factored at the tin	WOI Try, office	end place eath occu	e, end due red at the EHSE HUI	281. LOO City to the cartime, date	CATIOH (Street or Town, State) use(e) and man	ond Number	ted. te cause(s)	end manner ee stated. (Month, Day, Year)
BE COMPLETED BY	1 VES 2 NO 27. MANHER OF DEATH 1 Netural 5 Per 2 Accident Inv 3 Suicide 8 Co 4 Homicide date 29. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF	nding restigation puld not be termined YIHG PHYSIC LEXAMIMER F CERTIFIER PERSON WHO	28e. DATE OF (Month). 28e. DATE OF (Month). 28e. PLACE OF building. 28e. PLACE OF building. 28e. PLACE OF building. 28e. PLACE OF building. 28e. PLACE OF building.	iNJURY lay, Year) FINJURY — At stc. (Specify) my knowledge, xamination end/	28b. Tilk IN. home, tarm, death occurr or investigation of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	M street, factored at the tin	WOI Try, office	end place eath occu	e, end due red at the EHSE HUI	281. LOO City to the cartime, date	CATIOH (Street or Town, State) use(e) and man	ond Number	ted. te cause(s)	end manner ee stated.

BALTIMORE, MARYLAND 21215-0020 In 24 hours after death. Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

100	ō	
Spir	9	
2	ach	
he	det	
7	9	
2	묫	
Ë	ĕ	
Te.	5	
8	90	
age (ğ	
E	50	
9	act a	
30	6	
-	2	
eatt	N.	
0	9	100
afte	D A	9
50	0	ren
00	P	5
4	E E	'n,
n 2	À	atic
i i	iete	E.
5	E	5
ş	8	G
œ	and	2
63	S	9
Ď,	S	JO.
Cat	É	9
THE STATE OF	0	e
9	iệ	\$
ath	tten	Te de
de	69	E
the	€	2
al	5	and
5	Be	€
res	Sigr	lea
96	US.	1
×	ě	f.
6	las	Dep
The	te t	te
ž	Scal	Sta
CIA	ST.	the the
S	S	S
H	Ē	*
9	ter	ath
ō	A	9
TEN	8	flex
A	5	Sa
A.	J.H.	PU
7	۲	2
110	R	7
8	N	ithi
Ī	耳	*
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
0	0	9
-	-	Р

	1 - FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH AND DEATH	MENT	AL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) R (CHARD)	AUGU	STUS	m	OR	-R15	NO.	2. DAT	E OF OEATH TH DAY	9	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-32-2604	5. SEX	6. AGE (In yrs. le.	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mor. 5 -	E OF BIRTH offi, Day, Year) -13-34		BIRTHPLACE (State or Poreign); Country) Maryland
CTOR	98. FACILITY NAME (If not institution, give a Frederick Memo	rial Ho	spital		Fr	ede	rick Ma	aryl	and	9c. COUNT	ederick Co.
DIRE	10e. STATE 10b. COUNTY										10d. INSIDE CITY LIMITS? 1 X YES 2 NO
NERAL	138 Key Parkwa	a y				101	21702				S . A .
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. AF YES 2 THE			If yes, sp	ENDENT OF HISP ocity Cuban, Mexi- 2X NO Spec	can, Puerto		or No— 1	4. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 11th Grade		ine ine	sive kind of a. Do NOT u	work done is retired.)	during mo	st of working	- 1	RF Kli		
BE CON	17. FATHER'S NAME (First, Middle, Lest) James Edward 1	Morriso					Maude	e Na			
2	19a. INFORMANT'S NAME (Type/Print) Hilda V. Morr:	ison		138	Key	Pai		Fred	erick	, Mary	/land 21/02
	200. METHOD OF DISPOSITION VG. Burlel 2 Cremation 3 Removal from State 200. PLACE AND DATE Of DISPOSITION (Name of Cem. 11/17/92 Lucketts, VA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROllins Funeral Service 3433 Cliftmont Ave. Balto., MD. 21213										
CERTIFICATION	shock, of heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	WF):	ne	Lnor	(l	e An	Na	Interval Between Onset and Death
MEDICAL	PART II. Other significant condition	a contributing to	death but not	resulting	In the un	derlying	cause given i	n Part I.	24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	1 DOA	OTHER 4 Design	R:	ACE OF DEATH (C				
BY PHY	27. MANNER OF DEATH Netural 5 Pending Investigation	26a. DATE OF (Month, L	INJURY	28b. Tik		28c. INJ WO		_	ESCRIBE HOW IN	JURY OCCU	RED
3	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE (building,	F INJURY — Al ho etc. (Specify)	ome, farm,	street, fact	ory, office		261. LO	CATION (Street as y or Town, State)	nd Number or	r Rural Route Number,
COMPLEI	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE										l. cause(a) and manner as stated.
IO BE (296. SIGNATURE AND TITLE OF CERTIFIER THE SIGNATURE AND ADDRESS OF PERSON WHITE	1 11	SE OF DEATH (ITE	M 27) (7yps	o, Print)		29c. LICENSE N D 184	14		> //	SIGNED (Month, Day, Year)
	SWAMI NAT 31. DATE FILED (MONTH, DBY, YORT)	7+AW	MD C	207	7 ~	7	Sw F	RED	ERIC	15/10	21701
	NOV 1 3 1992	Asha Davi	lon-And	M.							

661....32

. .

ge 6 may be retained by the hospital or attending physician.	rector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept. Or result any wellar hyperie prior to burtal, cremation, or removal. riced, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
THE HOSPITAL DR ATTENDING PHY	THE FUNERAL DIRECTOR: After this	IMPORTANT: If item 28 is marked

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF H	IEALTH AND M	ENTAL HYGIENE					
1	1. DECEDENT'S NAME (First, Middle, Lest)	IGIT			T	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH			
	JOYCE A. NITZS		n yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	92	4.300			
	552-48-4987 se. FACILITY NAME (If not institution, give st	1 □ M 2X F 50	6 YRS.	ONTHS DAYS	HOURS MIN.	L2 10	35 ARK	ANSAS			
DIRECTOR	BALTIMORE COUN'S				ALLSTOWN						
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION		10d. INSIDE CITY				
	MARYLAND BAT	LTIMORE		PIKESV	ILLE		10a CITIZEN OF	LIMITS? 1 ☐ YES 2 💥 NO WHAT COUNTRY?			
ER/	726 KAHN DRIVE				21208		U.S.				
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specify:		E — American Indian, ck, White, etc.					
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US			I an arms as in	I W	WHITE			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of wor life. Do NOT use i	k done during mo	on st of working	16b. KIND OF BUSI	NESS/INDUSTRY				
MP	12	0	HOUSEV	VIFE			EMAKER				
BE CO	17. FATHER'S NAME (First, Middle, Leat) RUFUS JOHNS	ON			16. MOTHER'S NAME MARY	E (First, Middle, Maiden S SIMMONS					
10	190. INFORMANT'S NAME (Type/Print) WILLIAM K. NIT					ute Number, City or Town,		.208			
	WILLIAM K. NITZSCHE 726 KAHN DRIVE-PIKESVILLE, MD. 21208 20b. PLACE AND DATE OF DISPOSITION (Name of CREMATORY, INC. 11/16 CATONSVILLE, MD. 20c. LOCATION — City or Town, State Of CREMATORY, INC. 11/16 CATONSVILLE, MD.										
=	21. SIGNATURE OF FUNDAM SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061										
	· Day	J. Kou	men	426	CRAIN HW	Y.S.W.GI	LEN BUR	ME 21061 NIE, MD.			
	23. PART I. Enter the diseases, or contact ahock, or heart fellure L.	omplications that caused liet only one cause on ea	the death. Do not ch line.	enter the mo	de of dying, auch	as cardiec or respire	story arrest,	Approximate interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive cardiony opathy DUE TO (OR AS A CONSEQUENCE OR):										
z	DUE TO (OR AS A CONSEQUENCE OF):										
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
	d										
ICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE										
PHYSICIAN: MEDIC	Tylenol I	nducad	Hay	patit	75	YES 2	>40	OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		·		N/						
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Check						
ž.	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	OF 28c. INJ	5 Residence 6 I	6d. DESCRIBE HOW IN.	JURY OCCURED				
BY F	Vatural 5 Pending Investigation	(Month, Day, Year)	INJUR	M 1 🗆 Y	RK? ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, stre	et, factory, office	2	81. LOCATION (Street en City or Town, State)	et end Number or Rural Route Number, ste)				
COMPLETED	29a. CERTIFIER (Check only one)	IAN: To the best of my knowle	dge, death occurred i	at the time, data	and place, and due to	the cause(a) and mann	er as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	and/or investigation, i	In my opinion, d	29c. LICENSE NUMBE						
TO BE	Jerae H	- Cons	leg n	2.0.	DZO	764	P ((((190th, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TAL-(ITEM 27) (Type, Pri	1929	mal	1 Nan	dallsta	m, MD			
	NOV 1 6 1992 full	SA REGISTRAN'S FIGHE						2//33			

	1. DECEDENT'S NAME (First, Middle,		- E	Newma					MY	YEAR	ME OF DEATH
								11 - 1	3 -	92	
	4. SOCIAL SECURITY NUMBER 250-24-8099	5. SEX	6. AGE (in y	rs. lest birthday) 69 yrs.	IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year) 11-16-2	_	Country)	E (State or Foreign
		1 □ M 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		O 9 YRS.		187			.2	South	Carol
Œ	9a. FACILITY NAME (If not institution,			_	9b. CITY, TOW				9c. COUNT	TY OF DEATH	
6	Union Mem	orial Hos	pita.	1		Bal	timor	<u>e</u>			
DIRECTOR	Maryland 106.0	OUNTY		10c. Cr	TY, TOWN OR LO	CATION	Ba1	timore			INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 443 West	24th Str				10f. ZIP CO		21211	10g. CITIZ	U.S	
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES?	IT EVER IN U. YES :	S. ARMED 2 ZINO S	If yes,	specify Cui	OF HISPANIC ban, Mexican, O Specify:	ORIGIN? (Specify Ve Puerto Rican, etc.)	s or No-	14. RACE — An Black, White Specify:	nerican Indian, a, etc. hite
	15. DECEDENT' (Specify only highest		16	Sa. DECEDENT'S	USUAL OCCUP	ATION	kina	16b. KIND OF BU	SINESS/INDU	JSTRY	
once. COMPLETED	7th grade	College (1-4 or 5	+)		work done during ise retired.) Omemak		wing		Home	maker	
COM	17. FATHER'S NAME (First, Middle, La	ast)						AME (First, Middle, Maiden Surname)			
ed at							Delia	Davis			
TO BI	19a. INFORMANT'S NAME (Type/Print							ute Number, City or Tox		,	0.1.0.1
Pe '	Mr. Colon Ne	wman			3 W. 2		Stree			e, MD	2121
must	208. METHOD OF DISPOSITION 2 Burtal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		20b. PL cemeter	ACE AND DATE	of disposition other place! Tem	(Name of	1			City or Town, St	
	21. SIGNATURE OF FUNERAL SERVI		_ W(OOUTAV				1/16 Wo			
examiner	1 Jeans	11 /	7 _	1				and Balt			
	OF PART L FRANKS	Homo qu	pin	W		1 0 1		oud Duli	THIOT	C / 11D	2121
medical	23. PART I. Eliter the arsesser			4 44 -							
		llure. List only one cer	r censed th	he deeth. Do	not enter the	mode of d	ying, such	aa cardiac or resp	iratory arre		Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	llure. List only one cer	ise on each	he deeth. Do	not enter the	mode of d	ying, such	as cardiac or resp	iratory arre		
	IMMEDIATE CAUSE (Final	a. Due, To	JOR AS A CO	he deeth. Do h line. My O ONSEOVENCE O	carde	al al	line in the such	aa cardiac or resp	iratory arre		interval Betwe
event, the	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ilure. List only one cet	JOR AS A CO	Myo	carde	al de de	infi me	an cardiac or responding to the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the	ratory arre		interval Betwe
event, the	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Due to	Te por as a co	Myo	cardi otic	al Le	infi mt	as cardiac or resp METION Useas	riratory arre		interval Betwe
event, the	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. August TO C.	OR AS A CO	ONSEQUENCE O	cardi otic	Ale	int	aa cardiac or resp MCT101 USEAC	7 2.Q		interval Betwe
event, the	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. August TO C.	OR AS A CO	MYO ONSEQUENCE OF	cardi otic	Ali	inf	aa cardiac or resp MCT101 USEAC	7 2.Q		interval Betwe
event, the	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. August TO C.	OR AS A CO	ONSEQUENCE O	cardi otic	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	ying, such	aa cardiac or resp MCT101 USENC	7 2.Q		interval Betwe
jury, or other traumatic event, the CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. dittions contributing to	OR AS A CO	ONSEQUENCE O	could report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second rep	al Les	infi	METION diceas	2Q	24b. WERE	Interval Betwee
jury, or other traumatic event, the CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. dittions contributing to	OR AS A CO	ONSEQUENCE O	could report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second rep	al Les	infi	netion	AUTOPET RMED?	24b. WEREL AMAIL COMP	Interval Between Onset And De Park III III III III III III III III III I
jury, or other traumatic event, the CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. DUE TO	OR AS A CO	ONSEQUENCE O	could report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second rep	al Les	infi	METION METION METI 24a, WAS AN PERFO	AUTOPET RMED?	24b. WERE ANALL COMPOSE OF DE	AUTOPSY FINOIN ABLE PRIOR TO
shows any injury, or other traumatic event, the : MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. dittions contributing to	OR AS A CO	ONSEQUENCE O	could report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second report to the second rep	al Les	infi	METION METION METI 24a, WAS AN PERFO	AUTOPET RMED?	24b. WERE ANALL COMPOSE OF DE	AUTOPSY FINOITO LETION OF CAUSE ATTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOP
shows any injury, or other traumatic event, the MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO ditions contributing to	OR AS A CO	ONSEQUENCE O	COULD FF: In the underly 26.	All ling cause	infi	METION AUGUS BITT I. 24a. WAS AN PERFO! 1 YES:	AUTOPET RMED?	24b. WERE ANALL COMPOSE OF DE	AUTOPSY FINOITO LETION OF CAUSE ATTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOP
shows any Injury, or other traumatic event, the : MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2	OR AS A CO	ONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	in the underly	PLACE OF	given in Processing of the Check Besidence 8	art I. 24a. WAS AN PERFO 1 YES :	ALITOPET PRINCED?	24b. WERE ANAIL COMPOF DE 1	AUTOPSY FINOITO LETION OF CAUSE ATTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOP
, or Item 23 shows any Injury, or other traumatic event, the IYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con LAST 25. WAS CASE REFERENCE TO MEDIC EXAMINER? 1 YES 100	DUE TO d. CAL HOSPITAL: 1 Inpatient 2 28a. DATE OF	OR AS A CO	ONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	OTHER: 4 Nursing H	PLACE OF	OEATH (Check Basidence B	METION ALCING BITI I. 24a. WAS AN PERFO 1 YES :	ALITOPET PRIMED?	24b. WERE ANAIL COMPOF DE 1	AUTOPSY FINOITO LETION OF CAUSE ATTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOPS AUTOP
marked, or them 23 shows any Injury, or other traumatic event, the BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent con LAST PART III. Other algnificent con EXAMINER? 1 YES 1 YES 2 MANUEL OF DEATH Manuel OF DEATH Manuel OF DEATH Manuel OF DEATH Manuel OF DEATH Manuel OF DEATH Manuel OF DEATH	B. DUE TO DUE TO C. DUE TO d. DUE TO d. DUE TO A. DUE TO MOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D. D.)	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE CONSEQUENCE HER: 4 Nursing H BE OF 28c. JURY M 1 [PLACE OF Ome 5 INDURY AT WORK?	OEATH (Check	A CON CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTR	AUTOPE RMED? 2 NO	24b. WERE AMAIL COMP OF DE 1	AUTOPSY FINOINABLE PRIOR TO LECTION OF CAUSE ATTH	
8 is marked, or item 23 shows any injury, or other traumatic event, the ED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con HALL PART II. Other algnificent con EXAMINER? 1 YES Pending 7 MARKET OF DEATH 5 Pending	B. DUE TO DUE TO C. DUE TO d. DUE TO d. DUE TO AL HOSPITAL: 1 Inpation 28e. DATE OF (Month, D. Month), D. Month 28e. DATE OF (Month), D. Dutling 28e. PLACE Couldiding, or be	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE CONSEQUENCE HER: 4 Nursing H	PLACE OF Ome 5 INDURY AT WORK?	OEATH (Check	art I. 24a. WAS AN PERFO 1 YES :	A AUTOPS PRINED?	24b. WERE AMAIL COMP OF DE 1	AUTOPSY FINOINABLE PRIOR TO LECTION OF CAUSE ATTH	
m 28 is marked, or tiem 23 shows any injury, or other traumatic event, the ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent con PART II. Other algnificent con EXAMINER? 1 YES 25. WAS CASE REFERED TO MEDIC EXAMINER? 1 YES 26. CASE TRIEFER BOOK OF DEATH I Maharat 5 Pending Investigation of Could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in disferming the control of the could in the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the could be control of the control of the could be control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	DUE TO DUE TO DUE TO C. DUE TO d. AL HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D.) attorn 28e. PLACE Coulding, on the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	in the underly 28. OTHER: 4 Nursing H E OF 28c. JURY M 1 [street, factory, o	PLACE OF OTHER OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF THE PLACE OF	ogiven in Property of the Check Residence 8	art I. 24a. WAS AN PERFO 1 YES :	A AUTOPS PRINCED?	24b. WERE AMAIL COMPORED	AUTOPSY FINOINABLE PRIOR TO LECTION OF CAUSE ATTH
If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con EXAMINER? 1 YES 25. WAS CASE REFERENCE TO MEDIC EXAMINER? 1 YES 26. WAS CASE REFERENCE TO MEDIC EXAMINER? 1 YES 27. MANUSCO DEATH 1 Hemisside 6 Could in distermine the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO TO DUE TO DUE TO DUE TO DUE TO TO DUE TO DUE TO DUE TO TO DUE TO TO DUE TO DUE TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO DUE TO TO TO DUE TO TO TO DUE TO TO TO DUE TO TO TO DUE TO TO TO DUE TO TO TO TO TO TO TO TO TO TO	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	of the underly in the underly in the underly ZE. OTHER: 4 Nursing H RE OF 28c. JURY 1 street, factory, or	PLACE OF PLACE OF INJURY AT WORK? YES 2 Iffice	ogiven in Processing of the Check Residence 8	AT I. 24a. WAS AN PERFO 1 YES : **Conly one) Other (Specify) 18d. OESCRIBE HOW City or Yown, State of the cause(s) and ma	AUTOPS RMED? 2 Mo INJURY OCCU and Number of	24b. WERE AMAIL COMPORT DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUTOPSY FINDIN ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con LAST PART II. Other algnificent con LAST 25. WAS CASE REFERENCE TO MEDICE EXAMINER? 1 YES 10 27. Mahatal Of DEATH 1 Helmand 5 Pending Investigation of the Could in distermine the Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EX	BL DUE TO B. DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO AMINER: On the beat of a	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	of the underly in the underly in the underly ZE. OTHER: 4 Nursing H RE OF 28c. JURY 1 street, factory, or	PLACE OF ome 5 INJURY AT WORK? YES 2 Iffice	OEATH (Check Residence 8	art I. 24a. WAS AN PERFO 1 YES: Conly one) Other (Specify) 18d. OESCRIBE HOW Tell. LOCATION (Street City or Town, State) the cause(a) and mane, data and place, as	I AUTOPS RMED? 2 NO INJURY OCCU and Number of	24b. WERE AMAIL COMMITTED OF DE 1	AUTOPSY FINDIN ABLE PRIOR TO LECTION OF CAUSE ATH? YES 2 NO
PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con EXAMINER? 1 VES 10 25. WAS CASE REFERENCE TO MEDIC EXAMINER? 1 VES 10 27. MANUSE OF DEATH 1 Habitated 6 Could in the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation of the investigation o	BL DUE TO B. DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	ONSEQUENCE OF CONSEQUENCE the street, factory, or and at the time, do on, in my opinior	PLACE OF ome 5 INJURY AT WORK? YES 2 Iffice	ogiven in Processing of the Check Residence 8	art I. 24a. WAS AN PERFO 1 YES: Conly one) Other (Specify) 18d. OESCRIBE HOW Tell. LOCATION (Street City or Town, State) the cause(a) and mane, data and place, as	I AUTOPS RMED? 2 NO INJURY OCCU and Number of	24b. WERE AMAIL COMPORT DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AUTOPSY FINDIN ABLE PRIOR TO LECTION OF CAUSE ATH? YES 2 NO	
If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent con LAST PART II. Other algnificent con LAST 25. WAS CASE REFERENCE TO MEDICE EXAMINER? 1 YES 10 27. Mahatal Of DEATH 1 Helmand 5 Pending Investigation of the Could in distermine the Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EX	BL DUE TO DUE TO DUE TO DUE TO C. DUE TO d. DUE TO d. DUE TO All HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D. Duilding, D	Jor As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co Or As A Co	ONSEQUENCE OF CONSEQUENCE the street, factory, or and at the time, do on, in my opinior	PLACE OF Ome 5 INJURY AT WORK? YES 2 Iffice	OEATH (Check Residence 8 NO 2 NO 2 Ce, and due to ured at the tir	art I. 24a. WAS AN PERFO 1 YES: Conly one) Other (Specify) 18d. OESCRIBE HOW Tell. LOCATION (Street City or Town, State) the cause(a) and mane, data and place, as	I AUTOPS RMED? 2 NO INJURY OCCU and Number of	24b. WERE AMAIL COMMITTED OF DE 1	AUTOPSY FINDIN ABLE PRIOR TO LECTION OF CAUSE ATH? YES 2 NO	

DHMH-18 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYG						
		DECEDENT'S NAME (First, Middle, Lest) LULLY 4. SOCIAL SECURITY NUMBER	PHEL 5. SEX 6. AGE (1)	PS (n yrs. last birthday)	IF UNDER (YEAR	IF UNDER 24 HRS.	2. DATE OF DEATMONTH 7. DATE OF BIRT	14 9	Ž (O 17 A M			
		220 36-7615 Se. FACILITY NAME (If not institution, give st	1 M 2 F	9 YRS.	ONTHE DAYS 9b. CITY, TOWN (HOURS MIN.	1-3/	-/3	Calif	ornia			
(\)	DIRECTOR	ST. JOSEPH RESIDENCE OF DECEDENT 108. STATE 109. COUNTY	HOS PIT		TOWN OR LOCAL	NOBU	MD	. B		. INSIDE CITY			
permit. P	RAL DIR	Maryland Balt 100. STREET AND NUMBER	imore	Cockeysville				10g, CITIZE		LIMITS? YES 2 X NO			
ian. transit	FUNER/	300 Internation	al Circle 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	.S.A.	American Indian,						
215-0020 attending physician. se as the burial-transit	BY	1 Never Married 2 Married	FORCES? 1 YES	2 - NO	If yes, sp	ecify Cuban, Mexicar 2 NO Specify	n, Puerto Rican, et	c.)	Black, Wh	hite			
or ath	PLETED	15. DECEDENT'S EDU((Specify only highest grade) Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+) 4 years	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Nurse	rk done during mo retired.)		F BUSINESS/INDUS	ITRY					
TARYLAND 2 rained by the hospital should be detached to	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Abel Richardso	n				ine Liv	ingston					
E, MARY y be retained sage 5 should be notified	5	Maryland Masonic		300 Ir	nternati	onal Cir	· Cocke	y sville,	MD 2	1030			
MORE ige 6 may director, pa		209. METHOD OF DISPOSITION 1 Distribution Method Donation Other (Specify)	come State Carrie	PLACE AND DATE OF etery, cremetory or othe en Haven	Memoria	al Park	11-17		nie,	Maryland			
death		22. NAME AND ADDRESS OF FACILITY 6500 York Rd. Balto. MD George J. Forrarse Mitchell-Wiedefeld Home 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
z4 hours filled in the lion, or rest		immediate cause (Final	DUE TO (OR AS A	ich ilne.					1	Approximate Interval Between Onset and Death			
O. BOX 687 pertificate be execute ling physician and co ygiene prior to buria other traumattic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		COCONAR	y ARTE.	cy Bise-	1186				
S, F e death he atte Mental	AL CEI	PART II. Other significant condition			the underlying	g ceuse given in		S AN AUTOPSY		RE AUTOPSY FINDINGS			
RECOR requires that een signed by of Health ar	MEDIC	OLEMNIC I	BRAIN SYND					RFORMED? ES 2 NO	OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO			
1 2 8 8 E	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpu	stient 3 DOA	OTHER:	ACE OF DEATH (Che							
PHYSICI.	ву РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED						
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is man	G	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, str	eet, lactory, offic		261. LOCATION (S City or Town,	treet and Number or State)	Rural Route	Number,			
E ZZ E	COMPLET		CIAN: To the best of my knowledge On the bests of examination							manner as stated.			
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER RUENN R NA	lan 110			D 250			IGNED (Mon	oth, Day, Year) 92			
	-	30. NAME AND ADDRESS OF PERSON WHO SERENA R NOL	AN, NO	8035A H	HRFCRD	Ro BI	ETIMORE,	mo z	:1234	4			
		NOV 16 199	2 32. REGISTRAR'S SIGNA	SON-Rondald	1								
_		₩ m U								DHMH-16 Rev 1/8			

letached for use as the burial-transit permit. Pages 1, 2, 3 should

once.

MPORTANT: III Itom

2

NOV 1 6 1992

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

82. REGISTRAR'S SIGNATURE

D

مقتاالاي

8	2		H
D	2		B
를	ž		Ĕ
E.	NO.		5
8	96		6
3	pag		ě
E	to,		3
96	200		E
æ	P		ě
ë	63		苣
Jeal	\$		2
-0	4	3	-
50	3	OE.	3
ES.	5	9	9
8	8	0	E
24	-	ĕ	Ē
듣	tely	mal	-
¥	ple	Cre	5
8	E	á	5
5	0	Ę,	=
96	an	90	5
8	ia.	4 7	E
9	Sic	pric	를
Fea	E	9	9
Ē	8	gie	등
0	B	£	5
att	5	22	-
Ö	92	Me	5
Ě	y th	D	5
that	P	1 3	5
Se	gne	aft	40
들	S	£	3
9	9	0	듷
SW.	S	pp	2
9	2	Ō	E
E	ate	tat	ē
A	tific	S	=
Sic	8	Ē	_
¥	Sis.	툦	9
0	=	5	3
N	Afte	leal	E
S	æ	10	- 69
Ë	2	affe	28
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t	IL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at
0	õ	ĕ	2
4	=	įv.	=

92 31794 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR iraini a 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
June 14,1925 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 567-26-0441 67 1 🗌 M 2 🔯 F Maryland Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fallston G DIRECTOR Iston tas 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4408 Marx Avenue 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie ВҰ 3 XWidowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highes College (1-4 or 5+) N/A Elementary/Secondary (0-12) N/A Secretary Social Security Admin. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) (not available) Clarissa T. Hewlett BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zio Code) 2 John Philip 1306 Allendy Court, Bel Air, Maryland (son) 21014 20a, METHOD OF DISPOSITION

YU Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cemelery, crematory or other place)
Meadowridge Memorial Parkl|1/16| Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD 21236 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): COPD PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 ☐ YES 2 ☐ NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) TS Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE DF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 5

1131 Belaire

notified at

pe

must

examiner

medical

traumatic event, the

or other

eny injury.

Hem ,

6

marked,

TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

뿔

BY

COMPLETED

BE

2

RE AND TITLE OF CERTIFIER

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

92-6400-510 CIP ITEMS: 23 PART I, 27 PER MEO G-694 12/1/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 31795 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Renea Pulley Alecia 11 1992 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign (Month, Day, Yea Jan 23 215-88-6569 1 🗌 M 2 💢 F YRS. 24 1968 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL CENTER BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3328 Gwynns Falls Parkway 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR DR DATES 1 YES 2 NO Specify: 3 Widowed 4 Divorced Black 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) College 4 Physical Therapy Asst Prof Rehab. Network 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rodell T. McLaughlin Mary Roberts 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21216 Doral R. Pulley 3328 Gwynns Falls Pkwy Baltimore, 20a. METHOD OF DISPOSITION
1 A Burtal 2 Cremation 3 Removal from State 29c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Woodlawn 4 Donation 5 Other (Specify) Cemetery 11/14 Baltimore Co, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes In 2501 Gwynns Baltimore, Falls Parkway -m 23. PART I. Enter the diseases, or complications that passed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition___ a. CONGESTIVE HEART FAILURE WITH ATYPICAL PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 VES 2 NO 1 TYPES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER XXYES 2 - NO 1 Inpatient 27 PR/Outpatient 3 I DOA e 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 XX Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER
(Chack nate of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201 DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

11/11/1992

L is mining Judge 1484

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												0	0 0170
	.75.40	00 010	~									9	2 3179
	FUR	23 PAR	STATE OF I	MARYLAND,	T PER DEPAR	MEO G-6 ETMENT (593 DF HI	11/21/ Faith <i>A</i>	92 r	reb Mental Hi	KGIENE		
1	- STATE REGISTRAR					ICATE					G. NO.		
Į.	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
ŀ	LESLIE 4. SOCIAL SECURITY NUMBER			RUS			TI	11 13 92			1:30 A		
1		HER	5. SEX	6. AGE (In yrs. Ia	YRS.	MONTHS C	YEAR DAYS	HOURS	MIN.	7. DATE OF B (Month, Day	Year)	Coun	
1	126-48-8386 9a. FACILITY NAME (If not in	_ 11	37	1110.	96. CITY, TO	OWN O	2 LOCATION	OF DE	07/29		Nev	v York	
				3 D 4.0		90					, and	CDONITOF	DEATH
ŀ	111 W CENT	EDENT		APT 40		BALT			311	· Y			
	Maryland			Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY LIMITS?		
-	10e. STREET AND NUMBER		Ar	butus	101	ZIP CODE			100	CITIZEN OF	1 YES 2 ND WHAT COUNTRY?		
	27 Clairford Court				10f. ZIP CODE 21227				,		log.	USA	
- 86-	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WA	S DECE	NDENT OF	HISPAN	VIC ORIGIN? (Sp	ecify Yes or No	- 14. RAC	E American Indian.
	1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES?	MAR OR DATES	NO			cify Cuban, 2 X NO		n, Puerto Rican.	etc.)	Spe	ck, White, etc.
1													white
ŀ	(Specify only	EDENT'S EDUC highest grade	completed)		ECEDENT'S Give kind of a m. Do NOT us	USUAL OCCI work done duri se retired.)	UPATIDI ing mosi	t of working		16b. KINI	OF BUSINESS	INDUSTRY	
	Elementary/Secondary (0	F12)	College (1-4 or 5	+)	Jurse	,				Stat	ce Gove	rmon+	-
I	17. FATHER'S NAME (First, M.							18. MOTHE	R'S NA	ME (First, Middle			-
L	Leslie H. Ru	ushton	Jr.					Barb	ara	J. Rol	perts		
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
Janice Rushton 27 Clairford Court, Arbutus, Maryland 2122													
	20a. METHOD OF DISPOSITI	n 3 🗆 Reme	20b. PLACE cemetery, cr	ACE AND DATE OF DISPOSITION (Name of y, cremetory or other place). ZION Cemetery 11/:					DATE	20c. LOCATION			
- 10-	4 Donation 5 Other 21. SIGNATURE OF FUNERAL			ADDRESS	II	/16/92	Lansdo	wne,	Maryland				
1		06	1		0	Amk	oros	se Fu	ner	al Home	, Inc.		
Ambrose Funeral Home, Inc. 1328 Sulphur Spr. Rd. Arbutus, Md.													
23. PART-1. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel											Approximate Interval Between		
disease or condition										Onset and Deat			
a. ACUTE NARCOTIC AND COCAINE INTOXICATION DUE TO (DR AS A CONSEQUENCE OF):													
Sequentially fist conditions.											ļ		
Sequentially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEDUENCE DF):													
CAUSE (Disease or Injury C.													
that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST													
	PART II. Other alignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS												
	PART II. Other aignitice	nt condition	a contributing to	death but not	resulting	In the unde	rlying	ceuse giv	ven In	Part I. 24a.	WAS AN AUTOF PERFORMED?	PSY 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
۱										_ 1º	YES 2 NO		OF DEATH?
10									1 YES 2 NO				
	25. WAS CASE REFERRED TO	MEDICAL					28. PLA	CE OF DEA	TH (Ch	eck only one)			
	EXAMINER? HOSPITAL: OTHER: OTHER: OTHER: I pastion: 2 ER/Outpetient 3 DOA 4 Number Name 5 Deletions 2 E-Other (Specific or a second)												
	27. MANNER OF DEATH	,	26e. DATE OF	26e. DATE OF INJURY 28b. TIME OF 28c. IN.					c. INJURY AT 28d. DESCRIBE HOW INJURY O				NTRE STRE
ı	1 Natural 4 Accident	1/13/92	FOLINGURY A WORK?				ND						
		Could not be	26s. PLACE C building,	OF INJURY — At he atc. (Specify)	ome, farm, s	street, factory	, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 111 W. CENTRE ST.			
	-		APARTME		-					BALTIMO!	RE. MD.		RE SI.
	(Check only		CIAN: To the best of										
1	XXXMEDI	9		xamination and/or	investigatio	n, in my opin	-				place, end due	to the cause(s) and manner as stated.
	29b. SIGNATURE AND TITUE	CERTIFIER	12.	Church	1			29c. LICEN			29d.		D (Month, Day, Year)
	30. NAME AND ADDRESS OF	eve	JUS 1/2					0.	C.I	M.E.		11-1	3-1992



31. DATE FILED (Month, Day, Year)
NOV 16 1992

Penn Street, Baltimore, Maryland 32. REGISTRAR'S SIGNATURE

21201

SERVED A RESERVED AND SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE SERVED ASSESSMENT OF THE

Part DR ATSOUNG PHYSICIAN: The law requires that the death certificate be executed within winds.		9.	Ÿ
THE INTERIORS PHYSICIAN: The law requires that the death certificate be executed to the attending phecision and room	5	within	natatak
THE INTERNOING PHYSICIAN THE AM requires that the death certificate be expressed by the attention the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	-	ecuted	and bu
THE NOTICE OF THE SAME AND ADDRESS THAT THE SAME REQUISES THAT THE SAME SAME AND ADDRESS THAT THE SAME SAME AND ADDRESS THAT THE SAME SAME SAME AND ADDRESS THAT THE SAME SAME SAME SAME SAME SAME SAME SAM	_	8	0
THE NATIONAL PHYSICIAN: The law requires that the death certifical		Q a	inio
PEARL OR ATTENDING PHYSICIAN: The law requires that the death cert	í	ificat	ando i
PARL DR ATTENDING PHYSICIAN: The law requires that the dead		neo (nding
PUMPLE THE ATTENDING PHYSICIAN: The law requires that the	6	death	afte e
PARK THE NOING PHYSICIAN: The law requires that)	the	4
PEAL OF ATTENDING PHYSICIAN: The law requires i	1	that	- 2
TITLE OF TITLENDING PHYSICIAN: The law requ		ires	oiono
THE DR ATTENDING PHYSICIAN: The law	1	regu	2004
THE OF ATTENDING PHYSICIAN: The	i	iaw	004
THE OF THE NOING PHYSICIAN:		F	940
PEAL DR ATTENDING PHYS	-	ICIAN:	artifica
PIPAL DR ATTENDING	5	PHYS	ohelo
PERE DR ATTEN		DING	Adene
1		ITTEN	moo.
3	•	×	å
	y	4	Ť
48		-	ú
		œ	Ŋ

TO BE COMPLETED BY

4 Homicida

31. DATE FILED (Month

29a. CERTIFIER (Check only one)

TTENDING PHYSICIAN: The law requires that the death certificate be executed within	The funeral director, and the this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE ATTENDING PHYSICIAN: The law requires that the	THE TOR: After this certificate has been signed by the	four after death with the State Dept. of Health and N	tem 28 is marked, or item 23 shows any inj
M	Š	4	=======================================

	FOR	STATE OF M	IARYLAND /	DEDAG	OTRACA!	r ne u	ICAITU	AND I	MENTAL	מעפובאי	e	92	3179
	1 - STATE REGISTRAR	SIAIE UF W	CE	ERTIF	ICATI	E OF	DEA	AND I	VIENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) JULIA F.	RUBE	RTI							OF DEATH DA	7,19		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 135-09-7771	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER		7. DATE C			6. BIRTHPI Country)	JERSEY
NO.	9a. FACILITY NAME (If not institution, give s 2 VANDEVER COUR					PLOCATI	ON OF DE			9c. COU	NTY OF DEA		
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		100 00	Y. TOWN	OD LOCAT	TION!					Τ.	IOd. INSIDE CITY
. DIRECTOR	MD. MONT	GOMERY			OOKE	VILI	Œ					1	LIMITS? I TES 2 X NO
FUNERAL	100. STREET AND NUMBER 2 VANDEVER COUR	e T				101	2083	_			-	IZEN OF WH	IAT COUNTRY?
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 T			If yes, sp		n, Mexica	n, Puerto R	? (Specify Yaa licen, atc.)	or No	14. RACE - Black, Specify:	- American Indian, White, atc. : : : WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G.	CEDENT'S ive kind of Do NOT u	Work done se ratired.)	CCUPATIO during mo	ON ast of working	ng	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
COMPL	12	-	BA	NK I	ELLE	R				BAN	KING		
8	17. FATHER'S NAME (First, Middle, Last)												
BE	ANTONIO PATRI	.CCO		·			ANN			UTANO			
5	19a. INFORMANT'S NAME (Type/Print) RONALD E. RUBERT		AME			r or Rural I	Route Numb	er, City or Tow	n, State, Zij	p Code)			
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 M Removal from State 4 Donation 5 Dither (Specify) ST. GERTRUDES CATHOL								EMETE!		-	City or Tow	n, State IEW JERSEY
	21. SIGNATURE OF FUNERAL SERVICE LIN	es	M	URIE		BAR	BER :	FUNERA			20882		
	23. PART I. Enter the diseases, or	complications the	t caused the de	eth. Do									LLE, MD.
	shock, or heart failura. IMMEDIATE CAUSE (Finel disease or condition	List only one cau	se on each line								Onset and Death		
	resulting in daeth)	DUE TO	(OR AS A CONSE	_									داولاد
MOIT	Sequantially list conditions, if any, leading to immediate	b	(OR AS A CONSE	DUENCE C	OF):								
RTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	c. DUE TO	(OR AS A CONSE	QUENCE (OF):				_				
AL CE	PART II. Other significant condition	ns contributing to	death but not a	reaulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
MEDICAL		,,,,,,,							_	1 YES 2			COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	EATH (Ch	eck anly an	e)			
YSI	t TYES 2 KNO	1 Inpatient 2			4 🗆 Nu	rsing Hon		ealdence	8 🗆 Other				
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. Til	ME OF JURY M	WC	URÝ AT ORK? YES 2 [_ NO	26d. DE\$	CRIBE HOW I	NJURY OC	CURED	
	3 Suicida 8 Could not be	28e. PLACE O	F INJURY — At he	ome, farm,	street, fac	tory, offic	in .		28f. LOCA	ATION (Street	and Numbe	or Runei Ro	ute Number,

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IGNED (Month, Day, Year)

86

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

296. SIGNATURE AND TITLE OF CERTIFIER

		W ILXX		
30. NAME AND ADDRES	S OF PERSON	WHO COMPLETED CAL	USE OF DEATH (ITEM 27) (Type, Prin	nt)

8 Could not be determined

32, AEGISTRAB & SIGNATURE
L'ALL DRIVIDSON-PANDER

after	by the	moval	leal o
Sunc	in I	N re	ned
-	filled	M. C	96
within	pletely	cremati	ant the
TO THE REPUBLICAN ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Hours after	nd com	he had well as more after earth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	months. I have a second or stem 23 chows any injury or other traumatic event the medical s
9	an a	9	E
ite b	Sici	prio	-
certifica	ing ph	ygiene	other
ath	ften	E H	0
e de	he a	Мел	į
at th	2	and	- 2
s th	peul	#	20
require	en sig	of He	house
AW.	IS be	ept.	23
The	te h	te D	8
3	ifical	Sta	1
SICI	cert	#	-
PHY	this	THE STATE OF	- A
DIING	After	death	- m2
Ĕ	10	ě	000
A	BE H	×	i
Α	5	£	ŀ
B	8	1	Ţ
¥	ě	ş	TRE
뿔	1	ig g	900
P	ħ	2	i

3 30	1 - STATE REGISTRAR	STATE OF MAR				I OF H E OF			MENTA	L HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (Elist, Middle, Last)	Lee	2 8	04	100	Ri	din	95	2. DATE	OF DEATH	NY _ Q	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	AGE (In yrs. lest b	irthde()	IF UNDER	_	IF UNDER		7. DATE	OF BIRTH	-/-	8. BIRTI	IPLACE (State or Foreign
	227-42-9161	1 🗌 M 2 💢 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	MARC	CH 20, 1	1931	JONE	SVILLE, VA.
-	9a. FACILITY NAME (If not institution, give str	eet and number)	9b. CITY, TOWN OR LOCATION OF DEATH						ATH	9c. COUNTY OF DEATH			
D.	5415 85TH AVENUE	, # 102			LAN	<u>IHAM</u>					PRI	NCE	GEORGES
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
1		E GEORGES		LA	NHAM								1 X YES 2 - NO
RAI	100. STREET AND NUMBER 5415 85TH AVENUE.	#102				101.	ZIP CODE						WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	#102 12. WAS DECEDENT EV			13.	WAS DECI	2070 ENDENT 0	F HISPAN	IIC ORIGI	N? (Specify Yes		14. RAC	E — American indien, k, While, atc.
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 1 1				it yes, spe 1 YES				Rican, atc.)		Spec	
ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE			CCUPATIO		a	16	b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT u	se retired.)	0.7	or or working	· w					
COMPL	17. FATHER'S NAME (First, Middle, Last)	NONE	HC)ME-	MAKE	ER	40 14077	JEDIC MAI	WE (E)	OWI Middle, Maiden	NOH V	Œ	
	JAMES EDWARD CRUM	IFV						A JA			Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)	1,14,1	196, 1	MAILING	ADDRES	S (Street a				nber, City or Tow	m, State, Zi	ip Code)	
2	ROBERT J. RIDINGS			5415	851	H AV	ENUE	, #1	02,	LANHAN	1. MI). 2	0706
	20e. METHOD OF DISPOSITION 1 □XBurlal 2 □ Cremetion 3 □XRemo	wal from Stata	20b. PLACE OF other place	9)			,,						own, State
5	4 Donation 5 Other (Specify)	INSEE	chestr	luc		NAME AN			CILITY	HEI	RNDON	, VA	
2	* & Bestle	y Bill	en	J	G	REEN	FUN	ERAL	HON	Æ, HE	RNDON	I. VA	
CERTIFICATION	23. PART I. Enter the diseases, or empilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List pnly Dne cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Due To (on as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):											Onset and Death	
CAL CI	PART II. Other algnificant condition	contributing to dea	ith but not res	suiting	in the u	nderiying	g ceuse (given in	Part I.	24a. WAS AN		241	S. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC										1 🗆 YES	MO		COMPLETION OF CAUSE DF DEATH? J YES 2 NO
	25. WAS CASE-REFERRED TO MEDICAL												
SICI.	EXAMINER?	HOSPITAL:	Outputlant 2	1004	OTHE	R:	ACE OF D			ner (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU	URY	26b. TIN		28c. iNJ		siderica		SCRIBE HOW	INJURY O	CCURED	
BY F	1 Netural 5 Pending 2 Accident investigation	(1807.61, 20), 7	,		M		YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home (Specify)	e, farm,	street, fac	tory, office	•			CATION (Street y or Town, State		er or Rural	Route Number,
COMPLETE	(Orloan orly)	CIAN: To the best of my I											s) and manner as stated.
	29b. SUBBATURE AND TITLE OF CERTIFIER					opinion, u		ENSE NUM		and prace, a			O (Month, Day, Year)
) BE	Ofergusto M	Loding	ues 1	MK	20		2	12	3	0	1	11-	10-92
10	Augusto PRODU	COMPLETED CAUSE O	POETHATEM	27) (Type	2) 9	Ra	uh	r/sus	U	· Co	Spr	M	1 20765
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE	400	-/	/	1 100	- 111	<i>−</i> ₇ ·	7	1	. , ,	10/10
	NOV 16 1992	"a David	moi - 1 - 10		-					U			4

	J
	•
0	
9	
-	
œ	
9	
~	
0	
\subseteq	
BOX 68760,	
P.O.	
0	
0	
u	
-	
S	
α	
RECORDS	
9	
O	
Щ	
C	
_	
4	
-	1
_	
_	1
4	1
$\overline{}$	1
_	
Z	
$\underline{\circ}$	1
(0)	i
>	
DIVISION OF VITAL	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 31799

		FOR 1 - STATE REGISTRAR	TATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	92 31799
		1. DECEDENT'S NAME (First, Middle, Last) RICARDO	RENNICK		2. DATE OF DEATH MONTH DAY	YEAR QZ 2030 M
모		4. SOCIAL SECURITY NUMBER 5.5	SEX 6. AGE (In yrs. list birthday) M 2 F YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Md
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street of UNION MEMORIAL		96. CITY, TOWN OR LOCATION OF DE BALTIMORE CITY	ATH 9c	. COUNTY OF DEATH
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION BATO: CJ	4	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ist.	AL	100. STREET AND NUMBER 2401 LOVOLA	Southwar	101. ZIP CODE 2/2/5	10	g. CITIZEN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUNER	1 Nover Married 2 Married	WAS DECEDENT EVER IN U.S. APMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicae 1 YES 2 NO Specify	, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.
21 10 mg or 10	LETED	15. DECEDENT'S EDUCATIO (Specify only highest grade cong Elementary/Secondary (0-12) Co		JSUAL OCCUPATION ork done during most of working or retired.)	16b. KIND OF BUSINE	SS/INDUSTRY
MARYLAND 2 retained by the hospital 5 should be detached fo notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	Compat	18. MOTHER'S NAI	ME (First, Middle, Malden Surn	ema)
MARYL retained by 5 should be notified at	TO BE	19a. INFORMANT'S NAME (Type/Print)	-NNICK 196. MAILING	ADDRESS (Street and Number or Rural F	oute Number, City or Jown, St	LSROCKS arte, Zip Cpote)
	٦	20a. METHOD OF DISPOSITION	PENNICK 3802	DENVERNE R	DATE 20c. LOCATI	Ma 2/2/8 ON City or Town, State
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	EALTIME		11-18 BA	to. Mel.
		· // guy Busi	Ber	22. NAME AND ADDRESS OF FAM. W. 1.1114/19 C. 1206 W. N	ORth Ave	community F/H
in 24 in 24 fille biy fille nation,		23. PART I. Enter the diseases, or compshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	SDYS 15		as cardiac or respirato	Approximate interval Between Onset and Death
OX 68760, te be executed within sician and completel prior to burial, crema traumatic event,	NOI	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF) H IV A (DS) DUE TO (OR AS A CONSEQUÊNCE OF)	complex, La	rge Cul li	mpliena
Phy fical	ERTIFICATION	if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Plnal failus DUE TO (OR AS A CONSEQUENCE OF)	w :		Ì
G, P death a atten ental H	O	resulting in death) LAST				
ires that signed to fealth ar	MEDICAL	PART II. Other eignificent conditions co	ntributing to deeth but not resulting in	n the underlying ceuse given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 DA	MAILABLE PRIOR TO
AL has b Dept.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ck only one)	
F VITA SICIAN: The certificate h the State I to or Item	PHYSICIAN			OTHER: 4 Nursing Home 5 Residence OF 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJUI	W OCCUPED
C PHY:	BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJU	M 1 YES 2 NO	20d. DESCRIBE HOW INJUI	т оссонев
DIVISIO OR ATTENDIN DIRECTOR: An hours after de	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, str building, atc. (Specify)	reet, factory, office	26t. LOCATION (Street and It City or Town, State)	lumber or Rural Route Number,
_ ¥ ¥ ≈ =	COMPLE		To the best of my knowledge, death occurred the best of examination end/or investigation.			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Gmail M.	29c. LICENSE NUM	BER 29	d. DATE SIGNED (Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHO CO		Print) Redestain	le. ANB	Pouto M) 3
		"NOVE 105 1992 gu	A AND THE PROPERTY OF			DIVIS

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTI			MENTAL HYGIEN		2 31800			
	1. DECEDENT'S NAME (First, Middle, Last)	KARL	50	HM		2. DATE OF DEATH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER			F UNDER I YEAR	100	11-10	1-9.	2 3 50/ PM			
	214-40-6965	18 M 2 D F 10	YRS. MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-6-18		BIRTNPLACE (State or Foreign Country) WISCONSIN			
<u>«</u>	9a. FACILITY NAME (If not institution, give 701 Maiden Cho:		9		in Location of Dea	ATN		OF DEATH			
5	RESIDENCE OF DECEDENT						Da.	ltimore			
DIRECTOR	Maryland	Baltimore	10c. CITY, T	Baltim				10d. INSIDE CITY LIMITS? 1 YES 2 ND			
FUNERAL	10e. STREET AND NUMBER	-		101	. ZIP CODE			N OF WHAT COUNTRY?			
N N	717 Maiden Choic	ce Lane, Apt.		12 100 050	21228			S. A.			
	m 3 Whowed 4 Divorced White										
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)	(completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos	N st of working	16b. KIND OF BUS	INESS/INDUS	TRY			
MPL 8	NA		perviso	r of La	nguages	Balto.	City	Schools			
	17. FATNER'S NAME (First, Middle, Lest) Karl Schmied					E (First, Middle, Meiden	Surname)				
BE	19e. INFORMANT'S NAME (Type/Print)		195 MAII ING AG	DOESE (Character	Eva R.	SChmld Oute Number, City or Town					
TO BE	Eunice B. Schmie	ed (Wife)						Lto,Md. 21228			
	20e, METHOD OF DISPOSITION	novel from State	ACEANDDATEOF	ISPOSITION (Nat				or Town, State			
	4 Donation 6 Other (Specify)		12 cremetory or other 12 cremetory or other					re, Md.			
aumen aumen	. //	111.				neral Home					
	23 PARTY Enter the diseases on	all_						Md. 21213			
	23. PARTA. Enter the diseases, or shock, or haert fellure. IMMEDIATE CAUSE (Fine)	List only one couse on each	iline.	antar the mod	da of dying, auch	as cardiac or reapir	ratory arrest	interval Between			
	disease or condition resulting in death)	- Presial	c 0.1	mos		1, , , ,	1 6	Onset and Death			
240		DUE TO (OR AS A CO	INSEQUENCE DF):	9.10:3	7	Calbar	777	1400103			
NO NO	Sequentially list conditions,	b. POSSIBLE	PINSEQUENCE OF:	an C	A16:			Dongs			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	2/81820 F .	BUST	· m	SO CAL	is low	CALOS	DON HONEY			
E	that initiated events resulting in daeth) LAST	DUE TO (OR AS A CO	NSEDUENCE OF:	٨	7	1	14400	100 4-50			
CER		d. grand blan	Les Joseph	m u	Acty Wed	4 CXAM	10/				
AL.	PART II. Other significant condition		not resulting in t	ha underlying	cause given in P	art i. 24s. WAS AN /	NUTOPSY MED?	24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO			
EDIC	KICEST HI	PERMINE				1 YES 2	NO	COMPLETION DF CAUSE OF DEATH?			
W	POT WING					- "		1 YES 2 ND			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ACE DF DEATN (Chec	k only one)					
YSIC	1 YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 DOA 4	HER: Nursing Nome	5 - Residence 6	Other (Specify)					
	27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME DI			26d. DESCRIBE NOW IN	JURY OCCUR	ED			
B	2 Accident Investigation	26e. PLACE OF INJURY —	At home form street	M 1 Y		Jell					
	4 Nomicide 8 Could not be	deliam etc. (Specify)		n, rectory, ornes	,	City or Town, Stete)	and Number or F	Rural Route Number,			
PLE	29a. CERTIFIER CHeck only	ICIAN: To the best of my knowledg		t the time, date of	and place, and due to	the cause(s) and many	or an stated	DC PLO			
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the beele of examination an	d/or investigation, in	n my opinion, de	ath occured at the Iti	me, data end place, end	due to the ce	ouse(e) and menner se stated.			
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUMB	ER	29d. DATE SI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE DE CENTRE	MILL OF	M	1)30	951	11-	-14-92			
	AJ LUCC	O 7 1 1	MA IN	5) (2016	(1.50	CAT	TOUSVILLE			
1 1	31. DATE FILED (Month, Day, Year)	ZI, REGISTINES AIGHATU	and sec	101	17010	イキング		41724			

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

٠,	REGISTRAR		CERTIFIC	AIE UP	DEATH	REG. NO					
\ \frac{1}{2}	1. DECEDENT'S NAME (First, Middle, Lest) BABY BO						AY YEAF				
-	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		DEVIN FUNDER 1 YEAR ONTHS DAYS	Hart/ IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	92 8. Bif	6:42 P RTHPLACE (State or Foreign			
	Sa. FACILITY HAME (If not institution, give	1 M 2 F	YRS.	6	DR LOCATION OF D	4730792	9c. COUNTY OF	MD			
5	THE JOHNS HOPKIN				ORE CITY		BALTI				
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CITY, 1	Balti				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
HAL	100. STREET AND NUMBER 824 W. North	Ave. Apt. 0	,		1. ZIP CODE 21217		10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14. R/	ACE - American Indian, lack, White, etc.			
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S US				SINESS/INDUSTRY	Black			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12) Child	College (1-4 or 5+)	(Give kind of word life. Do NOT use n	k done during m	ost of working	ch i l		·			
	17. FATHER'S NAME (First, Middle, Last) Kevin Hart		00			ME (First, Middle, Maiden	Sumame)				
TO BE	19a. INFORMANT'S HAME (Type/Print)		196. MAILING A	DDRESS (Street		tta Step Route Number, City or Tow		2121			
	Vernetta Ste	201	b. PLACE AND DATE OF	DISPOSITION (N	ame of		CATION — City or	Town, State			
	4 Donation 5 Other (Specify)		King Men		Park ND ADDRESS OF FA		dallst	own, MD			
WM. C. MARCH F.H./1101 E 23. PART I. Enterthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,											
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
О П								1120011			
EDICAL	PART II. Other algolificant condition	na contributing to deeth t	out not reaulting in	the underlyin	g cause given in	Part I. 24a, WAS AN PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?			
IAN: MEDICAL	PART II. Other algnificant condition	na contributing to deeth I	out not reaulting in			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAU			
M	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO	na contributing to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to deeth to de	0	26, P	g cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER?	HOSPITAL:	0	26, P DTHEFS: Nursing Hon DF 28c. IN, W	LACE OF DEATH (Ch	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?			
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Xinpetient 2 = ER/Out 28e. DATE OF IHJURY (Month, Dey, Year)	patient 3 DOA 4	26. P DTHER: Nursing Hon DF 28c. IN. IY M 1	LACE OF DEATH (Ch. no. 5 Residence JURY AT JRK? YES 2 NO.	PERFOI 1 VES 2 seck only one) 6 Other (Specify)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			
ETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Minpetient 2 ER/Out 28s. DATE OF IHJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 4 28b. TIME 0 INJUR Y — At home, farm, stre	26. P DTHER: Nursing Hon DF 28c. IN. NY M 1 et, factory, office	LACE OF DEATH (Ch. 5 Residence 1URY AT 19K7 YES 2 NO	PERFORM 1 VES 2 sck only one) 5 Other (Specify) 28d. DESCRIBE HOW (City or Town, State) to the cause(a) and main	NJURY OCCURED	1 YES 2 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Kinpertent 2 ER/Out; 28e. DATE OF IHJURY (Month, Dey, Vear) 28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 4 28b. TIME 0 INJUR Y — At home, farm, stre	26. P DTHER: Nursing Hon DF 28c. IN. NY M 1 et, factory, office	LACE OF DEATH (Ch. 5 Residence 1URY AT 19K7 YES 2 NO	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mailime, deta and place, ar	NJURY OCCURED and Number or Run here as stated, ad due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO NO			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

102,2 56

1	à		
	0,		
•	É		
ì	F		
•	10		
	2		
	ĕ		
3	4		
	2	2	
	>	5	
	۵	9	
	Ξ	in the	
	9	0	
	量	5	
	>	žį.	
	9	Ë	
	풉	Sre	
	E		
	8	(6)	
	B	Ē	
	G	0	
	an	-	
	10	9	
	8	ā	
	ā	9	
	5	ig.	
	5	÷	
	e	70	
	Ħ	벁	
	9	ş	
	1	P	
	5	a	
	0	=	
	5	E .	
	Š	운	
-	E .	70	
	ĕ		
	00	ep.	
	7	Õ	
	9	皇	
	23	SS	
	ij.	43	
	9	₽	
	S	₽	
	=	₹	
	er this certificate has been signed by the attending physician and completely filled in by the funeral director, po	₽	

31. DATE FILED (Month, Day, Year)
NOV 1 6 1992

	FOR		CTATE OF B	JADVI AND	/ DEDAG	TAGEN	יד חב ו	PAITU	AND I	ASSAUTAL LIVOLEA	-	92	31802	
	1 - STATE REGISTRAR 1. DECEMPT'S NAME (FIRST	t, Middle Last)		_	ERTIF	ICAT	E OF	DEA	TH I	REG. NO		3. Tu	4F OF DEATH	
	CONR	m) 3	SIMPLO	IMPION.						TT - 13-92 350 A				
	4. SOCIAL SECURITY NUM	5. SEX	7.0.000			DAYS	IF UNDER	24 HFIS.	7. DATE OF BIRTH (Month, Day, Year) 03-13-4		Mary 1	(State or Foreign		
N.	Sinai Ho				96. CITY, TOWN OR LOCATION OF DE Baltimore					ATH	-11	TY OF GEATH		
5	RESIDENCE OF DE	CEDENT												
DIRECTOR	MD .	10b. COUNTY	, 		10c. CIT		on Local alti		e Ci	ty		L	NSIDE CITY JMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2906 Edg		Circle	South	1		101	21°	215		10g. CITIZ	EN OF WHAT C		
BY FUNI	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 100w	Married	12. WAS DECEDEN FORCES? 1	S DECEDENT EVER IN U.S. ARMED 13. WAS DECE 15 yes, specific as the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th					OF HISPAN In, Mexical Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No-	14. RACE — Am Black, White		
		CEDENT'S EDUC	CATION	140 D	ECEDENT'S	HOUAL	00010471			Take some an account			1ack	
COMPLETE	(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 6	(0	Sive kind of a. Do NOT u	work done	during me	M st of worki	ng	P.o.d.				
SMP.	17. FATHER'S NAME (First, A	Airdella Lauti	_							Body&		er ke	pairs	
BE CO	Ulysse	s Si	mpson						Li		ller	_		
70	19a. INFORMANT'S NAME (TypesPrint) Natalie Freeland 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2906 Edgecomb Circle South Balto., MD2121											MD21213		
	20e. METHOD OF DISPOSIT 1 W Buriat 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	oval from State	20b. PLACE chilelery, con			_			/18/92 E				
	21. SIGNATURE OF FUNERA	utha	ensee Nec	tor #	[‡] 281	E .	L.P	hil.	ss of FAC lips	F/HBalt	-27 ,M	N.Mon: D. 21:	roe St. 217	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate Interval Between ones and Death of the provided of the condition of the provided of the condition of the condition of the provided of the condition of the condition of the provided of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of t													
NC	Sequentially flat conditions.													
CATIC	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate	H	IV B	QUENCE O	F):								
CERTIFICATION	that initiated events resulting in death) LAS		DUE TO	OF ACONSE	OUENCE O	F):								
- (PART ii. Other significa	ent condition	a contributing to	death but not	resulting	in the u	nderlyin	cause (given in	Part i. 24a. WAS AN			AUTOPSY FINDINGS	
MEDICAL					_					1 YES 2	NO	OF DE	LETION OF CAUSE ATH? YES 2 \(\subseteq \text{NO} \)	
										_		'''	20 2 10	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
YSI	1 TYES 2 NO		1 Inpetient 2	ER/Outpatient 3	_	4 🗆 Nu	raing Hom		sidence	6 Other (Specify)				
ВУ РН		Pending Investigation	28a. DATE OF (Month, D		26b. TIM IN.	E OF URY M		URY AT PIK? 'ES 2] NO	28d. DEŞCRIBE HOW	NJURY OCC	URED		
	2 Culeldo	Could not be determined	28e. PLACE O building,	F INJURY — Al ho etc. (Specify)	ome, ferm,	street, le	ctory, office			261. LOCATION (Street City or Town, State)	and Number o	or Rural Route Nu	ımber,	
COMPLETED										to the cause(s) and mai				
BE CO	29b. SIGNATURE AND 71TU	17	n mo	171		,	Spiritori, 0		ENSE NUM			SIGNED (Month.		
0	VI	1401	n no	, ,,,							▶ / ∨	CIVU	1792	

more

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
		1. DECEDENT'S NAME (First, Middle, Last) EMMA D. SMALL	WOOD				2. DATE OF DEATH		3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	IF UNDER 24 HRS.	7. DATE OF BIRTH	76	5:05 p M BIRTHPLACE (State or Foreign						
pin		218-12-4620	1□ M ¾XF 78	HOURS MIN.	7/1/14	daryland						
1, 2, 3 should	DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH MONTGOMERY GENERAL HOSPITAL OLNEY, MD PIONTGOMERY RESIDENCE OF DECEDENT										
nit. Pages			tgomery	10c. CITY	Olney	TION			10d, INSIDE CITY LIMITS? 1 YES 2 NO			
an. ransit peri	FUNERAL	18132 Rolling M				20832		US	OF WHAT COUNTRY?			
21215-0020 it or attending physician. for use as the buria-transit permit. Pages	Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X10	If yes, spe	ENDENT OF HISPANI ecity Cuban, Mexican 2 XXO Specity:			RACE — American Indian, Black, White, atc. Specify: White			
	ETED	(Specify only highest grade completed) ((USUAL OCCUPATION OF done during mode retired.)	ON st of working	16b. KIND OF BU					
MARYLAND 21 retained by the hospital of 5 should be detached for notified at once,	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homemal			Home					
	-	17. FATHER'S NAME (First, Middle, Last)					DE (First, Middle, Melden Craver	Middle, Melden Sumeme)				
	3 BE	Ober W. Dail Cy 190. INFORMANT'S NAME (Type/Frint)		19b. MAILING	ADDRESS (Street a		oute Number, City or Tox	vn, Stefe, Zip Cor	de)			
2 8	٩	Leonard S. Small		Samo	e as 10e	•						
IORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1 5 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b	PLACE AND DATE O Detery, crematory or off Salem-Bro	FDISPOSITION (Na her place) OOKEVill	e Cemet.	11/14 B	cation – city rook evi	ille, Maryland			
BALTIMORE, after death. Page 6 may be by the funeral director, page noval.	1 10	21. SIGNATURE OF FUNERAL SERVICE LIC		/ /	22. NAME AN Murie	D ADDRESS OF FAC	ber Funer	al Home	9			
2 5 E		23. PART I. Enter the diseases, or o	complications that caused	the death. Do no	P. O. ot enter the mo	Box 503 de of dylng, such	8 Laytons	ville, Norman	Md. 20882 Approximate			
in 24 hour sely filled in attion, or the man		IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e		ARR	ET -	-		Interval Between Onset and Death			
D 0 2 5	CERTIFICATION		DUE TO 1911 AS A	VAL-	FAIL	IRE			TERM			
be es cian a lor to		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF										
Certification of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygiens of Hygie												
DS Ditte of the of Meri	AL CE	PART II. Other algrificent condition	a contributing to death b	ut not resulting in	the underlying	ceuse given in F			24b. WERE AUTOPSY FINDINGS			
	MEDIC	PULMONA		4 CT MED A CHINA		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
L RECOR							-		1 TES 2 NO			
TA ste F	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chec	ck only one)					
PHYSICIAN: The this certificate with the State	HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outp 28a. DATE OF INJURY	atient 3 DOA 28b. TIME	4 Nursing Home	• 5 Rasidence 8	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED			
ON OF	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 7	RK? /ES 2 NO						
3	ETED	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street City or Town, State							t and Number or Rural Route Number, e)			
HOS FUNET WITHIN	COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
TO THE HOS TO THE PUNE De filed within	TO BE 0	296. SIGNATURE AND TITLE OF CHAPTER	/auty	HD		29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM 29c. LICENSE NUM	OG		GNED (Month, Day, Year) -//-92			
20		30. NAME AND ADDRESS OF PERSON WH	0 COMPLETED CAUSE OF DE			10	2083	2_				
		31. DATE FILED (Month, Day, Year) NOV 1 6 1992	32. REGISTRAR'S SIGN			1						

NOV 16 1992

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR November 13, 1992 Anna Satyina Schemm 12:30 AM A SOCIAL SECURITY NUMBER July 17, 1905 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS Maryland 1 🗆 M 2 😾 F 87 213-20-5289 should 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR use as the burial-transit permit. Pages 1, 2, 3 Bel Forest Nursing Home Harford Forest Hill RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Street 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10/ ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21154 United States 3622 Burkins Road 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black. White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 1 ☐ YES 2 NO Specify: BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 16 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert Taylor Alice Amelia BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Roland J. Schemm 3622 Burkins Road Street 21154 Md. Pe 20s. METHOD OF DISPOSITION
1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Parkwood Cemetery 11/16/92 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Mark Lawne Leonard J. Ruck Inc. 5305 Harford Road 21214 medical 23. PART I. Enter the diseases, or compile ions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one cause on each line. **Approximate** Interval Betwe IMMEDIATE CAUSE (Fine) Onset and Death completely filled rial, cremation, o traumatic event, the disease or condition resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician TENDING PHYSICIAN: The law requires that the death certificate be other t CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atten PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL signed by the 23 shows any COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO has been Dept. of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem tertificate h HOSPITAL: OTHER: 1 TES 2 NO 1 - Inpatient 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) the 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 報 marked, 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ECTOR: After 10 to after death of BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 22 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide 29a. CERTIFIER TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE FURNING TO THE FURNING TO THE FURNING TO THE FURNING TO THE FURNING TO THE FURNING TO THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNING THE FURNI 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE MUMBER 29d. DATE SIGNED (Month, Day, Year) BE 05. D3225 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAGES SIGNATURE PANCAGE

113 1 B = /4, R = R

12. REGISTRAGES SIGNATURE

12. REGISTRAGES SIGNATURE

12. REGISTRAGES SIGNATURE

13. REGISTRAGES SIGNATURE

13. REGISTRAGES SIGNATURE

14. R = R

15. REGISTRAGES SIGNATURE

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16. R = R

16 David Dunn MD. 31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR

0
ထ
-
~
(68760,
9
_
\circ
ВОХ
20 0
_
0
0
م
_
S
RECORDS
œ
=
0
13
O
111
I
7
VITAL
_
>
LL.
OF
U
7
_
0
=
S
-
MISIC

		ANNIE B.	SMI				2. DATE OF DEATH	3 9°	3. TIME OF DEATH		
P		4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 聚		73. last birthday) IF UND MONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-20-192	2.7 Ma	SHITNPLACE (State or Foreign Country) ATYLAND		
2, 3 should	стов	99. FACILITY NAME (If not institution, give street end number) UNION MEMORIAL HOSPI	PAL	1		OR LOCATION OF DEA	тн	9c. COUNTY	OF DEATH		
Pages 1,	PLETED BY FUNERAL DIRE	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland -		10c. CITY, TOWN	OR LOCA	Balti	more		10d. INSIDE CITY LIMITS? 1 E YES 2 NO		
sit permit.		10s. STREET AND NUMBER 3703 Elm Aven	101. ZIP CODE 21			 211	OF WHAT COUNTRY?				
5-0020 nding physician. is the burial-transit		11. MARITAL STATUS 1 Never Married 2XXMarried FORCES?	DENT EVER IN U. 1 YES 2 E WAR OR DATE	XNO If yes, specify Cuban, Mexican, F			ORIGIN? (Specify Ye	ns or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
2121 al or atte		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of 9th grade)		Give kind of work don life. Do NOT use retired	e during m	ost of working	16b. KIND OF BU	Noxe11			
YLA by the be det		17. FATHER'S NAME (First, Middle, Last) Howard Wesley Rosier Laura Elizabeth Guiniman									
E, MARYL / be retained by the age 5 should be obtained at a		190. INFORMANT'S NAME (Type/Print) Shirley A. Tull		19b. MAILING ADDRE	ss (Street m Av	and Number or Rural Ro enue Ba.	ute Number, City or Too 1 timore,				
6 may ctor, pa		20a, METHOD OF DISPOSITION 1-& Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PL cemeter	ACE AND DATE OF DISPLAY, crematory or other place orraine Pa	ej rk C			ocation – chy Baltimoi	or Town, State		
m		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Jaley Jenso (ruper	tu "	3631	Falls Ro	ad Baltin	HENSS I	FUNERAL HOME aryland 21211		
S III III		23. PART I. Enter the seeses, or complications shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	cause on each	he death. Do not ent h line. EPILEP 7 DNSEQUENCE OF):			as cardiac or resp	piratory arreat,	Approximate interval Between Onset and Death		
certificate be executed fing physician and corr spiece prior to burial, other traumatic ex-	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CO	CANCER DISEQUENCE OF): PULMON DISEQUENCE OF):	/RI IAR	ADIATION Y AR	MEX.	APY			
reconds, P.C. requires that the death cere signed by the attendin of Health and Mental Hygshows any Injury, or o	MEDICAL	PART II. Other significant conditions contributing	not resulting in the	underlyin	ig cause given in Pa	PERFORMED?		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN: The law certificate has but the State Oept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	2 ER/Outpatie	ort 3 00A 4 0N	ER:	LACE OF DEATH (Check		1/:			
NG PHYSICIA fer this certif eath with the marked, or	ву Рну	27. MANNER OF DEATN 1 Netural 5 Pending	OF INJURY h, Day, Year)	28b. TIME OF INJURY	28c. IN.		28d. DESCRIBE HOW	MN 1 DN INJURY OCCURE	ED		
TTENOI TTOR: A after d	ETED B	2 Accident investigation 3 Suicide 6 Could not be determined 28s. PLACE OF. INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or R. City or Town, State)							ural Route Number,		
로 로 로 드	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.									
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: #	TO BE	286 SIGNATURE AND TITLE OF CERTIFIER Marion Bruckingha	n Do	Anter	N	29c. LICENSE NUMB	ER	29d. DATE SIG	13 19 2		
M		30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF MARION. BUKWOHA		I (ITEM 27) (Type, Print)	140	MORIAL	itosp 20	DIUNI	V PARKWAY		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		NUV 18 1992 3	1000 and levels					PACT.	171) 21210		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECT	a hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	be filed Within 74 hours after de	IMPORTANT: If item 28 is market

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / I CE		TMENT					YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	TIME OF DEATH			
	SAM SUDANO										12:40 AM		
		S. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.			Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro			4 HRS.	7. DATE OF B (Month, De	HRTH V_Ybgr)	8. 1	SIRTHPLA Country)	CE (State or Foreign
	212-26-2483	1 M 2 F	63	YRS.		1773			(Month, De	5/29	1		1D.
~		9e. FACILITY NAME (If not Institution, give street and number)					LOCATIO	N OF DE	ATH	90	c. COUNTY	OF DEATI	H
힏	4927 Greencrest		Ва	ltim	ore								
ည္က	10s. STATE 10b. COUNTY				Y, TOWN OR	LOCATIO	ON					100	d. INSIDE CITY
5	Maryland				Baltimore						1 5	YES 2 NO	
M	10e. STREET AND NUMBER			10f. Z	ZIP CODE			10	g. CITIZEN	OF WHAT	COUNTRY?		
9	4927 Greencrest Road						212					USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES				11							Specify:	American Indien, hite, atc. White
ᇜ	15. DECEDENT'S EDU (Specify only highest grade		16a, DEC	EDENT'S	EDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INI								
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	Illim I	tve kind of work done during most of working Do NOT use retired.)						01	0		
를	10			FOREMAN					Steel				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1						ME (First, Middle	.,	,		
BE	SABASTIA	NO S	DANE)			Vir	2 G1	N Fi	LMPI	ALLE	RII	7
٥	190. INFORMANT'S NAME (Type/Print) ROSE MARIE -	SUDANO	19b.	19-					TRA	, Bo	uto ?	120	& MD.
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	noval from State	of cemetary,					D	OATE	20c. LOCATI	ION — City	or Town,	State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ST	5	IANIL	S LA	US (em.	11-16	Lac	-TO, 1	MD,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF DELIFICATION OF D										16		
	(Broke 1	Jell-	1000		82	25	H	SH	ST.	Bret	021	202	MD.
	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardisc or reepiratory arreat, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition mesulting in death) Due to (or as a consequence of):												
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERHYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
	PART ii. Other aignificent condition	na contributing to	desth but not re	euiting	in the und	lerlying	cause g	ven in	Part i. 24	. WAS AN AUT	TOPSY	24b. WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO									MPLETION DF CAUSE DEATH?			
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		CE OF DE	ATH (Che	ack only one)				
XS	1 TYES 2 THO	1	ER/Outpetient 3	_	4 🗆 Nursi	ng Home	_	Idence	6 Other (Sp				
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE Of (Month, I	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY						28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, fa building, atc. (Specify)			street, factor	actory, offica 281. LOCATION (Street City or Town, State				N (Street end win, State)	et end Number or Rural Route Number, tte)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and piace, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(e) end manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year)												
유	30. NAME AND ADDRESS OF PERSON WIT		SE OF DEATH (ITEM		L. R.	MIL	x B	IVD	Br	LThr	٠٤ .	M.O	21218
	31. DATE FILED (Month, Dey, Year) NOV 16 1992		AR'S SIGNATURE				1		1	45	, ,		

REG. NO.

0	-
5	la.
N	4
두	4
幸	9
*	É
8	3
3	-
9	200
	9
A	3
33	3
3	S
E	9
8	-ip
5	- 8
8	20
0	9
#	-
55	1
5	3
BS	5
-3	6
8	9
>	2
ro	0
9	ž
\vdash	0,0
Z	Re
X	ŧ
Sic	- 6
₹.	.0
0	÷
9	è
5	A
N	à
E	E
X	5
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	ED&I DEBETTO After this carriffcate has been sinced by the attendion physician and completely filled in
-	_
X	28
0.	ü

)	- 10	1. DECEDENT'S NAME (First, Middle, Last)	SMITH					2. DAT	E OF DEATH	w 08	YEAR 3.	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. les	MONE	MOER 1 YEAR	IF UNDER 24 HRS.	(Moi	E OF BIRTH nth, Day, Year)	1	BIRTHPL Country)	ACE (State or Foreign	
pinou		296-70-2959 Ba. FACILITY NAME (If not institution, give	street and number)		YRS.		DR LOCATION OF D		1/21/56	9c. COUNT	Mary	yland	
physician. burial-transit permit. Pages 1, 2, 3 should	TOR	FRANCIS SCOTT KEY	- POST ACUTE F	HDS	DOTT		ACTIMOR				timo		
Pages 1	DIRECTOR	10a. STATE 10b. COUNT			10c. CITY, TO						10	d. INSIDE CITY LIMITS?	
arait.		MD B	altimore		Balt	T .	e City			100 CITIZI		T COUNTRY?	
n. ansit pa	FUNERAL	1924 Hannah A	venue				21227				JSA	COUNTRY	
	BY FU	11. MARITAL STATUS Sep. 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 K		If yes, s	CENDENT OF HISPA ipecity Cuben, Mexico S 2\(\frac{1}{2}\)NO Speci	an, Puerto	IN? (Specify Yes o Rican, etc.)	or No- 1	I4. RACE — Black, W Specify:	American Indian, phile, etc. Black	
or attending r use as the	ED	15. DECEDENT'S EDU (Specify only highest grad	JCATION a completed)	16a. DE	CEDENT'S USUA ive kind of work of Do NOT use reti	AL OCCUPAT	TION nost of working	10	ib. KIND OF BUS	SINESS/INDU	STRY	52401	
hospital ached fo	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		inten				Nor				
2 2 E	BE CO	17. FATHER'S NAME (First, Middle, Lest) Henry Smith 19a. INFORMANT'S NAME (Type/Print)						ret	Virg	inia		bell	
	욘	Will Jackson		194			one Cou					MD 21093	
after death. Page 6 may be by the funeral director, page smoval.		20a. METHOD OF DISPOSITION 1	noval from State Cor	natery, cre	MDDATEGER	POOLETICAL (V		00 10	2471011	2.77		
death. Page the funeral directly.		21. SIGNATURE OF FUNERAL SERVICE TO	CENSEE	rbut	us Me	22. NAME /	and address of F/	CILITY					
after death. by the funera moval. Ical examin		Eugene R. Price Funeral Home 108 North Avenue, Balto., MD 212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approxima											
te be executed within 24 hours after sician and completely filled in by the prior to burial, cremation, or removal traumatic event, the medical (CERTIFICATION	immediate Cause (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Non Hodgki DUE TO (OTAS) B. Bilary OU DUE TO (OTAS)	A CONSECTION	yudan hencion		2					Approximate interval Between Onset and Death	
he death certificate be the attending physician Mental Hygiene prior to njury, or other traun	ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
signed by Health and	MEDICAL	PART II. Other significant condition	ns contributing to death b	out not n	esulting in th	e underlyl	ng cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 AND	
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26, 1	PLACE OF DEATH (C)	eck only	one)				
SICIAN: The certificate h the State I d, or item	IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3	DOA 4 19		me 5 🗆 Residence	6 🗆 Ott	ner (Specify)				
NG PHYSI fter this c eath with marked,	ву Рн	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED					
L OR ATTENDING F DIRECTOR: After I hours after death item 28 is mar	TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At hor	me, farm, street,	factory, off	ice	261. LO C/t	CATION (Street a y or Town, State)	and Number o	r Rurel Rout	Number,	
R B C =	COMPLE		MAN: To the best of my known. Do the basis of examination.									nd manner as stated.	
TO THE HOSPI TO THE FUNEF DE filed within IMPORTANT:	O BE C	296. SHONATURE AND WILL OF CENTRE	-			_	29c. LICENSE NU	MBER		29d. DATE :	SIGNED (M	onth, Day, Year)	
21 66	T	P.G. Auwarte	TO COMPLETED CAUSE OF DE	ath (ITEN	(127) (Type, Print)	Ross	1159 d	Bal	timer	e M	02	1205	
		31. DATE FILED (Month, Day, Year)	NOV 1 a 100		le K	. , ,	[a.e.s]				-		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ö	wia Day		CARROLL					DHMH-16 Rev 1/89	

and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t

	١
-	
-	
0	
~	
6876	
N	
-	
00	
Ø	
BOX	
\mathbf{c}	
~	
910	
-	
0	
~	
0	
-	
-	
10	
0)	
CC	
\mathbf{c}	
~	
C	
RECO	
ш	
000	
4	
AL	
-	
Q.	
-	
_	
>	
L	
_	
\mathbf{c}	
~	
0	
O	
-	
10	
U	
-	
>	
-	
0	

		F 11/1 3/011
The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician. The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 9. FACILITY NAME (If not institution, BALLIMORE, RESIDENCE OF DECEDEN 10a. STATE 10b. CC 10s. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Merried 3. Widowed 4 Divorced 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Les
DAL I IMONE, MAR or death. Page 6 may be retained the funeral director, page 5 should val.	TO B	19e. INFORMANT'S NAME (Nype/Print) 20e. METHOD OF DISPOSITION 1
Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ICATION	23. PART I. Enter the diseases shock, or heert fell IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury
N: The law requires that the death certificate be executed within trate has been signed by the attending physician and complete State Dept. of Health and Mental Hygiene prior to burial, cremitem 23 shows any injury, or other traumatic event,	CIAN: MEDICAL CERTIFICATION	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER?
OR ATTENDING PHYSICIA DIRECTOR: After this certif hours after death with the Item 28 is marked, or	BE COMPLETED BY PHYSICI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could no determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE CO	29b. SIGNATURE AND TITLE OF CERT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	ALE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) MAR JOR) E	W. SUN	DAVER	VILLE	2. DATE OF DEATH MONTH	292	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 092 26 1709	10 M 2 TO F 87		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Monty, Day, Year)	905	RTHPLACE (State or Foreign ountry)
BALLING NAME (If not institution, give so BALLINGRE RESIDENCE OF DECEDENT	o. General	Hospital	RANDA		9c. COUNTY C	Himare
10a. STATE 10b. COUNTY	ARROll	10c. CITY, TO	KCSVIIIE			10d. INSIDE CITY LIMITS? 1 XES 2 NO
100. STREET AND NUMBER 7200 Thir	d Ave.	/	101. ZIP CODE 217	84	10g. CITIZEN C	SA.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	or No 14. F	ACE — American Indian, Hack, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Give kind of work life. Do NOT use ret	done during most of working	186. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Lest)	+4	1eacl	18. MOTHER'S N	AME (First, Middle, Meiden	UCA+	NOV
Uharles 190, INFORMANT'S NAME (Type/Print)	Henry L	DOODS.	PRESS (Street and Number or Rural	ARA	Tibb	115
Virginia W	DOCIMAN	607	FAIRVIEW	Ave FT	ederi	ck. Md
20a. METHOD OF DISPOSITION 1 Burlal Comments 3 Remo	oval from State cametery	CEAND DATE OF DI CONTRACTOR OF OTHER PORTS		DATE 20c. LO		r Town, State 0, HD. 21074
21. SIGNATURE OF FUNERAL SERVICE LIC	Haisht		P.D. Bry 193	SULLES	ght t	Merny Hen
23. PART I. Enter the diseases, or o	complications that caused the	death. Do not e	enter the mode of dying, su	ch as carellac or reapi	ratory arrest,	Approximata
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACUTE DUE TO (OR AS A CO)	RESF	PIRATORY	INSUPF	FICIEN	Interval Between Onset and Death
Sequentially list conditions,	b	BRON	CHITIS			
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A COR	+ CF . 251				
that infilated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):				
PART II. Other significent conditions	s contributing to deeth but n	ot resulting in th	e underlying ceuse given in	Pert I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
COYY				1 🗆 YES 2	₽ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatien		HER: Nursing Home 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street	, factory, office	281. LOCATION (Street e City or Town, State)	nd Number or Rui	Tal Route Number,
	CIAN: To the best of my knowledge R: On the best of examination end					e(e) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	in lug		29c. LICENSE NU	7333	29d, DATE SIGN	IED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	GALT	0. 2113	3		1-10
31. DANOV 16 1992	32. REGISTRAR'S SIGNATUR	RE .		·		

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

The state of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s

MOA 1 8 1885 Server

	(,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	is law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per being within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	and in by the funeral director, page 5 should be detached for use as the burial-transit permit.	Dinger:
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.	

	1 - STATE REGISTRAR		ICATE OF		REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	DOROTHY M. TA	YLOR			11- 12-	92 YE	AR 1250 PM
		(In yrs., last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign
	091-26-0827 1□M2 = F	P4 YRS.	MONTHS DAYS	HOURS MIN.	(Mayith, Day, Year)	18	Country)
	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	Sc. COUNTY	OF DEATH
DIRECTOR	ST. JOSEPH HOSPITAL		-	TOWSON		3	ALTO
្ត្រ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						
R		100. (11	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Baltimore		Towson				1 TES 2 NO
FUNERAL	800 Southerly Road		10	21286		10g. CITIZEN U . S	OF WHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14.1	RACE — American Indian,
BY F	1 Nover Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR I			pecify Cuban, Mexica 5 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDUCATION		USUAL OCCUPATI		16b. KIND OF BUS	SINESS/INDUSTI	
Fi	(Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during mo se retired.)	ost of working			
COMPL	4 years	Mission	nary Tea	cher	i		
ő	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
w	Harry Curtis Taylor			Mollie	Buck		
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or Town	n, State, Zip Code	le)
임	Margaret Camden Taylor	800 8	Southerly	y Road I	lowson, Man	ryland	21286
	20a. METHOD OF DISPOSITION YE Burtal 2 Cremation 3 Removal from State	b. PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify) A	netery, cremetory or cluden		etery ND ADDRESS OF FAC			, Maryland Balto. MD
	Dennis S. Xenakis				efeld Home	ork ka.	21212
	23. PART I. Enter the diseases, or complications that cause	d the death. Do	not enter the mo	ode of dying, suci	n as cardiac or respi	ratory arrest,	Approximata
H	ahock, or heart fallure. List only one cause on a	each line.					Interval Between Onset and Death
	disease or condition () lightly	Laily	w				
1	resulting in death)	LONSEQUENCE O	n, ·				1 much
z	- Bustin	Alus	lung of	ne to	gesture.	mi	as I much
CERTIFICATION	if any, leading to immediate	A CONSEQUENCE O	n . /	. +4	is hype	d'aler .	
2	CAUSE (Disease or Injury	cine to	Comm	e him	re high	lity'	years
발	that Initiated events resulting in death) LAST	A CONSEQUENCE O	Pinal	· mi			
H H	d.	7	OTTIN				
L C	PART II. Other significant conditions contributing to death I	out not resulting	In the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL					PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE
MED					1 YES 2	□ NO	OF DEATH?
					—		1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		26 Pi	LACE OF DEATH (Che	rck ank anal		
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out	netlant 2 DOA	OTHER:				
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	26b, TIM		JURY AT	20d. DESCRIBE HOW II	NUMBY OCCURRE	0
P	1 Netural 5 Pending (Month, Day, Year)		IURY WO	YES 2 NO			~
ВУ	2 Accident Investigation 3 Suicide 5 Could not be 28e. PLACE OF INJURY	Y — At home, farm.			261. LOCATION (Street a	and Mumber or Sh	and Dordy Number
TED	5 Could not be building, etc. (Spe	icify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	and recomber of the	oral Pioce Politica,
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	rledge, death occurr	ed at the time, date	and place, and due	to the cause(s) and man	mer se stated	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination						use(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	4		29c. LICENSE NUM	IBER	29d. DATE SIG	INED (Month, Day, Year)
TO B	Maturidad Di de fem , 7	n.D.		21950	08	D 111	1/2/92
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE NATIVIDAD D. DE LEON	ATH (ITEM 27) (Type	Print) ST.	JOSEPH	HOSDITA	1- 10 h	ISON MA-
			0 - /	0000411	77 - 311111	7	2/2/04
	31. DATE FILED (Month, Dey. Year) 32. REGISTRAR'S SIGN	ATURE					
	NUV 16 1992 Julia Davidron	Admin Service	>				
	nen -	•					DHMH-16 Rev 1/89

600 mg CE

20 20 (a)

_ 62

_	
o	
BOX 68760	
7	
00	
(i)	
_	
\times	
0	
\simeq	
11	
P.0.	
0	
٧.	
Δ.	
_	
10	
~	
00	
$\overline{}$	
0	
RECORDS	
III	
-	
4	
VITAL	
-	
-	
_	
OF	
\overline{a}	
O	
-	
_	
DIVISION	
=	
S	
_	
>	
7	

			CEN	THE TORTE	- 01	DEATH		REG. NO.	_	1.	
1	1. DECEDENT'S NAME (First, Middle, LI RONALD	LEE	TURI	NER,	SR.		2. DATE MONT	O - 2	ž – 9	EAR	8:50 A
	4. SOCIAL SECURITY NUMBER 216-42-2005	5. SEX 8	B. AGE (In yrs. lest birth 46 Yi		1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) -12-46		Country)	ACE (State or Foreign)
	9a. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY,	, TOWN O	R LOCATION OF D		12 40	9c. COUNTY		
OH	EASTERN CORRECT		ITUTION	W	VEST	OVER		- 61	SOM	ERSE	CT
DIRECTOR	10a. STATE 10b. CO		100	c. CITY, TOWN O	OR LOCATI	ION				10	Dd. INSIDE CITY
	MD			BALTIM							X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	n DOAD				ZIP CODE					AT COUNTRY?
	4821 GREENCREST	12. WAS DECEDENT	EYER IN U.S. & 9MED		WAS DEC	21206 ENDENT OF HISPA			U.S or No.— 14	. RACE -	- American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 10 R OR DATES			ecity Cuben, Mexica 2 NO Specia		Rican, etc.)		Specify:	White, etc.
ED E	15. DECEDENT'S		16a. DECEDE	ENT'S USUAL OC	CCUPATIO	ON	16	b. KIND OF BUS	SINESS/INDUS		LACK
ᇤᅦ	(Specify only highest g Elementary/Secondary (8-12)	College (1-4 or 5+)		nd of work done o VOT use retired.)	during mos	st of working					
COMPL	12th grade		UNI	EMPLOYE	ED			(First, Middle, Meiden Sumeme)			
ပ္ပ	17. FATHER'S NAME (First, Middle, Last, CHARLES LEE TU					ROSETT				ER	
0	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	Route Nun	nber, City or Town	n, State, Zip Co	ode)	
٩	TYRONE TURNER					ST RD/BA					
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 1	Ramoval from Stata	of cemetary, crem	natory or other p	olace)		DA		CATION - City		
	4 ☐ Donation 5 ☐ Other (Specify) . 21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	I KING M	EMORIAL 22. I		RK ND ADDRESS OF FA	ACILITY	RANI	DALLST	OWN	MD
	1	WH.	5	_							
	23. PART I. Enter the diseases, ahook, or heart failt IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ure. Liat only one caus	e on each line.	Do not enter	the mo						Approximatinterval Bet Onset and
FICATION	ahock, or heart fáili iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. BARD/A DUE TO (C DUE TO (C PIVE	e on each line.	Do not enter NY PM (* NCE OF): NCE OF): The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	the mo	de of dying, aud	ch aa ca				Approximatinterval Bet Onset and Second
ERTIFICATION	ahock, or heart fáili IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	e. BARD/A DUE TO (C DUE TO (C PIVE	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	Do not enter NY PM (* NCE OF): NCE OF): The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	the mo	de of dying, aud	ch aa ca				Approximatinterval Bet Onset and Second
: MEDICAL CERTIFICATION	ahock, or heart fáili iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. BARD / A DUE TO (C LELE CT) DUE TO (C PINE DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT) DUE TO (C LELE CT)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	Do not enter ATY PM (A NCE OF): MCE OF): MCE OF):	the model of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	E UMO WI	ch aa ca		AUTOPSY	24b. W	Approximation of contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of the contents of t
MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond ANGM 1	e. BARD /A DUE TO (C ELE CT) DUE TO (C PNE C. DUE TO,(C) d. HIM	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	Do not enter ATY PM (# NCE OF): IMB AD NCE OF): ICE OF):	PNE	e cause given in	Part i.	24e. WAS AN PERFOR	AUTOPSY	24b. W A C C O 1	Approximatinterval Bet Onset and 1 SECOND DAY 3 WELL VERE AUTOPSY FIN MAILABLE PRIOR TO TO TO TO TO TO TO TO TO TO TO TO TO
MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant cond ANGM 1 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	e. BARD / A DUE TO (C LECTO DUE TO (C PNE DUE TO (C AL HOSPITAL: 1 Inpatient 2	DOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	DO NOT ENTER THE DOA A Nur	PNF	g cause given in	Part i.	24a. WAS AN PERFOR	AUTOPSY SMED?	24b. W A C C O 1	Approximatinterval Bet Onset and Secons DRY 3 WELL VERE AUTOPSY FIN MAILABLE PRIOR TO TOMPLETION OF CAPE OF DEATH? YES 2 NO
PHYSICIAN: MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond TO YES 2 D NO 27. MANNER OF DEATH 1 Natural 5 Pending	e. BARD /A DUE TO (C ELE CTI DUE TO (C PINE C. DUE TO,(C HILLIAN AL HOSPITAL: 1 Inpertent 2 28a. DATE OF II (Month, Day)	DOR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONS	Do not enter ATY PM (# NCE OF): IMB AD NCE OF): ICE OF):	PNE CO	G cause given in LACE OF DEATH (C	Part i.	24e. WAS AN PERFOR	AUTOPSY SMED?	24b. W A C C O 1	Approximatinterval Bet Onset and Secons DRY 3 WELL IFAM VERE AUTOPSY FIN MAILABLE PRIOR TO TOMPLETION OF CA OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant cond ANGM 1 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	e. BARD / A DUE TO (C ELE CTI b. DUE TO (C PINE C. DUE TO,(C HI) d. HOSPITAL: 1 Inpatient 2 26a. DATE OF is (Month, Day) Itton 28a. PLACE OF building, e	DOR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONS	DODA OTHER	26. PL R: rating Home	g cause given in LACE OF DEATH (C	Part I.	24a. WAS AN PERFOR	AUTOPSY MED? MAFIRM OF A	24b. W A C C C T T T T T T T T T T T T T T T T	Approximatinterval Bel Onset and SECONS DAY 3 WELL FEM VERE AUTOPSY FINANLABLE PRIOR T TOOMPLETION OF CASE OF DEATH? YES 2 N
BY PHYSICIAN: MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant cond ANGM 0 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only 1 CERTIFYING F	e. BARD / A DUE TO (C LLE CT) b. DUE TO (C PN 5 C. DUE TO,(C HITIONA CONTRIBUTION TO CO AL HOSPITAL: 1 Inpatient 2 1 Inpatient 2 25a. DATE OF Infation (Month, Day) PHYSICIAN: To the best of recommendation	DOR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONS	DO NOT ENTER OF INJURY M Term, street, fect	PNF (1) PNF (26. PL R: reing Hom 28c. INJ 1 1 1	g cause given in LACE OF DEATH (C ne 5 Residence JURY AT PKY YES 2 NO	Part i.	24a. WAS AN PERFOR 1 U YES 2 CATION (Street by or Kown, State)	AUTOPSY MED? MF A MA NURY OCCUI	24b. W A C C O O 1 1 Pural Rou	Approximatinterval Bet Onset and I SECOND DAY 3 WELL FEMO VERE AUTOPSY FININANILABLE PRIOR TO TO TO TO TO TO TO TO TO TO TO TO TO
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 10 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investiget 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAMEDIA MEDICAL EXAME	e. BARD / A DUE TO (C ELE CT) DUE TO (C PN E C. DUE TO,(C d. HOSPITAL: 1 Inpartlent 2 26a. DATE OF II (Month, De) PHYSICIAN: To the best of axis	DOR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONS	DO NOT ENTER OF INJURY M Term, street, fect	PNF (1) PNF (26. PL R: reing Hom 28c. INJ 1 1 1	g cause given in C C C C C C C C C C C C C	Part i. Part i. 28d. Dit 28d. Di 28f. Lo Cit in to the ce time, da	24a. WAS AN PERFOR 1 U YES 2 CATION (Street by or Kown, State)	AUTOPSY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPER	24b. W ARED Recouse(a) a	Approximation interval Bet Onset and Secons Day 3 Well Ment Secons Day 5 Well Mailable Prior 1 DOMPLETION OF CA FOR PROXIMATION OF CA Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 No. 1 Wes 2 N
BY PHYSICIAN: MEDICAL	ahock, or heart fails IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant cond ANGM 0 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only 1 CERTIFYING F	e. BARD / A DUE TO (C ELE CT) DUE TO (C PN E C. DUE TO,(C d. HOSPITAL: 1 Inpartlent 2 26a. DATE OF II (Month, De) PHYSICIAN: To the best of axis	DOR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONS	DO NOT ENTER OF INJURY M Term, street, fect	PNF (1) PNF (26. PL R: reing Hom 28c. INJ 1 1 1	g cause given in LACE OF DEATH (C ne 5 Residence JURY AT PKY YES 2 NO	heck only of 28d. Do	24a. WAS AN PERFOR 1 U YES 2 CATION (Street by or Kown, State)	AUTOPSY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPERTY THE PROPER	24b. W ARED Recouse(a) a	Approximatinterval Bel Onset and SECOND DAY 3 WELL MAINTENANCE PRIOR TO THE DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF DEATH OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF CLASS OF

FOR

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEA	TH	MENIAL HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATH		
	THOMAS L. TH							w 9	12:20 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX	birthday)	IF UNDER 1 YEAR	-	R 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign Country)			
	233-30-1316	XX M 2 □ F	69	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 05-27-23		West Virginia		
S S	84. FACILITY NAME (If not institution, give 8278 Mission Road				96. CITY, TOWN	OR LOCAT	OF DEATH					
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	2										
E					Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS? V V		
2	Maryland Howar	·u		Jes		of, ZIP COO				1 YES 2 THO		
FUNERAL DIRECTOR	8278 Mission Road					20794			1.10-120	USA		
BY	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? AL IF YES, GIVE W	T EVER IN U.S. ARI YES 2 N WAR OR DATES	MED O	If yes, a	CENDENT (pecify, Cubic s & () NO	an, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU (Specify only highest grade		(Gh	ve kind of a	USUAL OCCUPAT	ION ost of worki	ina	16b. KINO OF BUS	INESS/INDUS	TRY		
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 d	Ha.	Do NOT us	Man			Telepho	ne Com	npanv		
MO	17. FATHER'S NAME (First, Middle, Lest)			p c. r ·		18 MOT	HEO'S NA	ME (First, Middle, Maiden :				
Ö	David R. Thomas					Ste	11a	Headley	sumame)			
	19a, INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street			Route Number, City or Town	r. Statu. Zio Co	de)		
2	Barbara M. Thomas	5							0794	,		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ren	noval from State			OF OISPOSITION (A			OATE 20c. LOC	CATION — City	or Town, State		
	4 Donation 5 Other (Specify)		Battim	ore-				tory Laur		aryland		
-	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 . 1		Flec	k Fun	era	Home, inc				
		L. Le	Show		7601	Sand	ly Sp	oring Rd.,	Laurel	, MD 20707		
	23. PART I. Enter the diseases, pr shock, or heart failure.	complications the	t ceused the dea	nth. Do r	not enter the m	ode of dy	ing, auc	h aa cardiac or respi	ratory arrest	Approximate		
	IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition resulting in death) a. Due to (or as a consequence of): Due to (or as a consequence of):											
		DUE TO	1		F):					Durenta		
CERTIFICATION	Sequentially list conditions,	b. OUE TO	(OR AS A CONSEQ		rea					ZWEEKS		
CAT	cause. Enter UNDERLYING											
E	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE Q	F):							
H	resulting in death) LAST	d										
	PART II. Other aignificent condition	ns contributing to	death but not re	sulting i	in the underlyin	g cause	given in			24b. WERE AUTOPSY FINDINGS		
MEDICAL	Alcoho	Repen	dence					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Che	eck only one)				
YSI	1 TES 2 NO	1 Inpetient 2 28e. DATE QF		□ DOA	OTHER: 4 Nursing Hor	10 5 R	asidence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28b. TIM	URY	JURY AT		28d. DESCRIBE HOW IN	JURY OCCUR	ED				
B	2 Accident Investigation	20- 84 405 0	P. IN. Harry A. L.			YES 2	NO					
COMPLETED										Rural Route Number,		
P	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, dea	th occurre	ed at the time, det	and place	, and due	to the cause(a) and mani	ner as stated.			
S	one) 2 MEDICAL EXAMINE	ER: On the basia of an	ramination and/or in	weatigatio	n, in my opinion,	death occur	red at the	time, data and place, and	dua to the ca	ause(a) and manner as stated.		
BEC	29b. SIGNATURE AND TITLE OF CENTISOR	mi	2		*	29c. LICI	ENSE NUN	IBER	29d. DATE SH	GNED (Month, Day, Year)		
TO E	Timely	111/1	n	1	19	D	39	532	> //	19/92		
	36. NAME AND ADDRESS OF PERSON WIT	1 Claim	321	Prin	ce Ges.	rge	57,	laurel	MD	28707		
	NOV 1 6 19	92 Sul	R'S SIGNATURE	Mande	سات				1			

BALTIMORE, MARYLAND 21215-0029 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the tunit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

A and Symplemer

8	4
MARYLAND 21215-002	Bonn & man be and a bear on he and a second and a second
10	4
-	-
2	
3	0
0	
Ħ	00
7	- 4
	4
Σ	ì
œ	3
4	.0
≊	-
-	3
Щ	3
E	6
O	u
Σ	200
	c
BALTIMORE,	-
4	P
\mathbf{m}	400
	0
	901
	٤
	24
-	hin 24 hours after death

	١
	7
-	
0	
9	
-	
00	
9	
×	
0	
BOX 68760	
-	
-	
o	
ď	
ш	
S	
~	
-	
O	
()	
RECORDS,	
=	
-	
_	
=	
~	
ITAL	
$\overline{}$	
LL.	
OF VI	
_	
SION	
$\underline{}$	
10	

	REGISTRAR		CENTIF	ICATE OF DEATH		REG. NO.		100					
į	1. DECEMENT'S NAME (First, Middle, Lest)	Willia	ms		2. DATI	OF DEATH DAY	93	R 3. TIME OF DEATH					
B	4. SOSIAL GECHRITY MUMBER 216-28-6285	IX I	(In yrs. lest birthdey) YRS.	FUNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS ME	S. 7. DATE (Mod	ог виттн 10-6-193	1 8.8	RTHPLACE (State or Fore					
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN OR LOCATION O			9c. COUNTY C						
DIRECTOR	484 Queenstown R	oad		Severn,			A.A.	Φ					
		Ă. CO		y, town on Location EVERN				10d. INSIDE CITY LIMITS? 1 YES 2 V					
FUNERAL	100. STREET AND NUMBER 484 Queens town	Road		101. ZIP CODE 21144			10g. CITIZEN	A. COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECEMBENT OF HI If yee, specify-Cuben, Mi 1 YES 2 NO S	xican, Puerto	N? (Specify Yes or Rican, etc.)	'	RACE — American Indias Black, White, etc. Specify: BLACK					
回	15. DECEDENT'S EDU (Specify only highest grade		When kind of .	USUAL OCCUPATION work done during most of worlding		b. KIND OF BUSIN	ESS/INDUSTF	my .					
COMPLET	Elementary/Sepondary (0-12)	College (1-4 or 5+)	Heavy	Equipment Oper	ator	Const	ructio	on					
BE COM	17. FATHER'S NAME (First, Middle, Lest) Harvey Willia	ms		18. мотнея:	tha Pa	Middle, Maiden Su 1 rker	rname)						
TO B	1900. INFORMANT'S NAME (Type/Print) Violet Williams		19b. MAILING 484 Q	ADDRESS (Street and Number or A ueenstown Road	, Seve	ern, Me	21144)					
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20	b. PLACE AND DATE	of disposition (Name of the permerty	DA	TE 20c. LOCA	mans,	Md State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY. 1206-08 W. North Avenue Baltimore, Maryland 21217 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat,												
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finst disease or condition resulting in death)	List only one cituse on	ssch line.	Rance		diac or respira	tory srreat,	Approxima Interval Be Onset and					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 1												
MEDICAL C													
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only o	ne)							
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER: 4 Nursing Home 5 Residen									
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)		JURY WORK?		SCRIBE HOW INJ	URY OCCURE	0					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp.	IY — At home, farm, a	M 1 YES 2 NO	28f. LO	CATION (Street and or Town, State)	Number or Ru	ral Route Number,					
	29a. CERTIFIER	ICIAN: To the best of my known		ed at the time, deta and place, and		y or Town, State)							
MPLET	(Check only CERTIFYING PHYS	ER: On the beals of everylasti	on and/or immediately	on in my anialan death account de-	time, date and place, and due to the cause(a) and man								
COMPLE	(Check only one) 2 MEDICAL EXAMINE		on and/or investigation		296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1. DECEDENT'S NAME (First, Middle, Last) EDDIE WES	SSON	OLI		AIL O	PEAIN	2. DATE OF DEATH	Y - 9 ^y 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 244-68-5147	5. SEX 1 X M 2 F	6. AGE (In yrs. lest to 47		UNDER 1 YEAR		7. DATE OF BIRTH	4.5	BIRTHPLACE (State or Foreign Country) North Caroli
СТОВ	9a. FACILITY NAME (If not institution, give s 816 N. Kenwoo		e	9b.		on Location of DE ltimore	ATH	9c. COUNTY	OF DEATH
2	Maryland no	ne		10c. CITY, TO	Balt	imore Ci	ty		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL D	816 N. Kenwoo					101. ZIP CODE 21.20		Unit	ced States
6	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1/5 IF YES, GIVE WA 12-8-67	YES 2 NO H OR DATES 18		If yes,	ECENDENT OF HISPAN specify Cuben, Mexical ES 2 NO Specify	IC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: American
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	NOT use ret	done during i ired.)	most of working	166. KIND OF BU		enitentiar
st once.	17. FATHER'S NAME (First, Micolo, Last) Joseph Wesso						ME (First, Middle, Melden ne Walla		chi tentai
be notified TO BI	Lois Wesson	(wife)	19b. 8]	MAILING ADD	Ken	t and Number or Rural F WOOD AV	noute Number, City or Tow enue, Bal	to, Mo	l. 21205
must	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AN	D DATE OF DI	sposition/ Pace/ emet	ery //-	0ATE 20c. LO 18 92 En 1	cation - city	or Town, State North Caro
at. examiner	21. SIGNATURE OF FUNERAL SERVICE LIN	enga Erusa	o Sn		Ca.	lvin B.	Scruggs	Funer	
ontal Hygiene prior to bunial, cremation, or remover ry, or other traumatic event, the medical CERTIFICATION	shock, or heart fsilure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CMV OUE TO ((OR AS A CONSEOU PLT 01 OR AS A CONSEOU D1 SL 0.5 OR AS A CONSEOU	ENCE OF):	(c	mv retin	nitis) nse)	ome)	Interval Betwee Onset and Deat
of Health and Me hows any inju MEDICAL	PART II. Other significent condition	e contributing to d	leeth but not res	suiting In th	e underly	ing ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. HER:	PLACE OF DEATH (Che	ck only one)		
rked, o	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF II (Month, Day	NJURY	28b. TIME OF INJURY	28c. ii	NJURY AT VORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED
m 28 ls ETED	3 Suicide S Could not be 4 Homicide determined	building, at	INJURY — At home fc. (Specify)	_			281. LOCATION (Street of City or Town, State)		Rural Route Number,
장기		R: On the basis of exa							puse(e) end menner se stated.
DE filed within 7 IMPORTANT: 1 TO BE CON	296. SIGNATURE THO TITLE OF CERTIFIES	I alle	tan	Isi	0	D27	087	D 11/	GNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	ALEX	ANDE	27) (Type, Print	no	Chase-R	BrextonC	linic	Balt, ma
	NOV 1 6 1992 3	32. BEGISTRAR	rs signature						

81018 98

-4

-1	- 13	1. DECEOEN
		Lloy
		4. SOCIAL
i		220-
		9a. FACILIT
	СТОЯ	Garr
d	5	RESIDEN
J	111	10a. STATE
ă	DIRE	Mary:
А	7	10e. STREE
	FUNERAL	112
	5	11. MARITAL
ı		1 Naver
	В	3 XWidow
	ETED	
	E	Element
ا	2	
2	COMPL	17. FATHER
ou at office	BE C	Jack
20	100	19a. INFORI
3	2	Glenr

FOR STATE REGISTRAR		STATE OF MAR		DEPAR					MENTAL	HYGIEN REG. NO	E		
1. DECEOENT'S NAME (First, I		levander							MONTH	OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE			AGE (In yrs. le	est birthdev)	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.		ber 3			PLACE (State or Foreign
220-16-2684		1 X M 2 D F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	1 -	Day, Year)	1897	Countr	
9e. FACILITY NAME (If not ins	titution, give	atreet and number)		,	9b. CITY	, TOWN C	R LOCATI	ON OF DI		. 3,	9c. COUN		exth
Garrett Co.	Memo	rial Hospit	al		0a	ıklar	nd				Ga	rret	t
	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
Maryland	Gar	rett			Ac	cide	nt					14	1 YES 2 NO
10e. STREET AND NUMBER				-		101	ZIP COD	Ε			10g. CITIZ	EN OF V	VHAT COUNTRY?
112 Accident	t-Bit	tinger Road					21	1520			1	JSA	
11. MARITAL STATUS 1 Never Merried 2 A 3 Wildowed 4 Divorce		12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 X	RMED NO			cify Cubi	en, Mexico	in, Puerto F	? (Specify Yer licen, atc.)	s or No—	14. RACI Black Spec	- American Indian, k, White, atc. White
15. DECE (Specify only	DENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATIO	N st of workl	na	16b.	KIND OF BU	SINESS/IND	JSTRY	
Elementary/Secondary (0-		College (1-4 or 5+)	th	fe. Do NOT u	se retired.)								
8			H	eavy	Equi	р. (ıway	Admin.
17. FATHER'S NAME (First, Mic							16. MOT	HER'S NA	ME (First, A	liddle, Maiden	Surname)		
Jack Alexand									Beegh				
19a. INFORMANT'S NAME (Ty)										er, City or Tow			
Glenn Alexar										aryla:			
20a, METHOD OF DISPOSITION 1 Description METHOD OF DISPOSITION 2 Cremetion Description Other (n 3 🗆 Ren	noval from State	other j	cree				matory or			cation – c		aryland
21. SIGNATURE OF FUNERAL	SERVICE LI	\sim		0.0			an F	uner	cal H	Omes,	P.A.		<i>J.</i>
23. PART I. Enter the dis	seases, or	complications that ca	used the d	leath. Do	not ente	r the mo	da of dy	Ing. auc	h as care	VIANO	iretory arm	st.	Approximata
shock, or ha IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fallure.	. List only one dause	on each ilr	16. VUSC	-								Interval Between Onset and Death
Sequentially list condition if any, leading to immediate. Enter UNDERLYII that initiated events	lista NG	b											
resulting in death) LAST		d											
PART II. Other significan	/1	ons contributing to dea	N/A	reaulting	1	A /	1			24e. WAS AN PERFO 1 YES	RMED?	246	MERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEOICAL	T				26. PI	ACE OF I	DEATH (C	heck only on	e)			
EXAMINER?		HOSPITAL:	3/Outpatient	3 🗆 00A	OTHE	R:			6 🗆 Othe	,			
27. MANNER OF DEATH		28e. OATE OF INJ	IURY	28b. TIA	AE OF	26c. INJ	URY AT	residence	_	CRIBE HOW	INJURY OCC	URED	
	Pending rivestigation	(Month, Day,)	Ybar)	IN.	JURY M	WC	RK? res 2 [□ NO					
	Could not be setermined	28e. PLACE OF IN building, etc.	iJURY — A1 I . (Specify)	home, ferm,	street, fac	ctory, offic	•			ATION (Street or Town, State		or Rural .	Route Number,
		SICIAN: To the best of my											a) and manner as stated.
29b. SIGNATURE AND TITLE			//							- drain.			
THE STANFORD AND THE	ST SENTIPH	Q /(D23	979	мвен		≥ //	141	orith, Day, Year)
30. NAME AND ADDRESS OF										::	1 /	-/-	
Garrett Mem	orial	Group; Oal	kland,	Mar	ylan	d 2	1550						
31. DATE FILED (Month, Day,	4"1905	2. REGISTRAR'S	SIGNATURE	400									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within comfours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	22 01010							
	1. DECEDENT'S NAME (First, Middle, Last)	TEX LEON A)	HLBER G	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH							
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	92 /1 Y 6 A M 8. BIRTHPLACE (State or Foreign							
		ØM 2 □ F 68 YRS.	WONTHS DAYS HOURS MIN.	(Month, Day, Year) 5-22-24	Washington, DC							
Œ	90. FACILITY NAME (If not institution, give street a	Houpital	96. CITY, TOWN OR LOCATION OF DE		UNTY OF DEATH							
570	RESIDENCE OF DECEDENT			14 120	PRINCE GEORGE'S							
DIRECTOR	100. STATE 100. COUNTY PRINCE		TOWN OR LOCATION	4	10d. INSIDE CITY LIMITS? 1 K YES 2 NO							
	10e. STREET AND NUMBER	9	10f. ZIP CODE		1 YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	5821 Queensch	was decedent ever in u.s. armed	20782		JSA							
BY FU	1 Never Married 2 Married	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	II yes, specify Cuban, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify:							
	15. DECEDENT'S EDUCATIO	PN 16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINESS/IN	White							
COMPLETED	(Specify only highest grade comp		ork done during most of working retired.)	TOB. KIND OF BUSINESS/IN	DUSTRY							
MP	12	None (I	Disabled)	None								
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Melden Surname)								
96	Walter S. Ahlberg	19h MAILING	Nellie ADDRESS (Street and Number or Rural)		in Control							
5	Archie Conner		ox 256 - Marbury									
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal (20h PLACE AND DATE OF	DISPOSITION (Name of		- City or Town, State							
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	Cedar Hill	Cemetery Oct 28		d, Maryland							
	21. SIGNAL DIRECT FORERAC SERVICE LICENSE	110	22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home									
_	Jamt. Wel	ol		n Avenue, NW,								
	Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Com	only one ceuse on each line.	it enter the mode of dying, suc	h ss cerdiac or respiratory sr	interval Between							
	IMMEDIATE CAUSE (Finel											
	discesse or condition resulting in death) s. CARNAC ARRHYTHMIA DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list opnditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	ward to minodate											
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury											
RTIF	that initiated events resulting in death) LAST											
	PART II Other eignificant conditions co	perihusing to death hus yet										
CAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS PERFORMED? 1 TENSION OF CAUSE 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE											
PHYSICIAN: MEDIC	1			1 ☐ YES 2 💥 NO	OF DEATH?							
Z.					1 129 2 100							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	26. PLACE OF DEATH (Che	eck only one)								
1YS	12 YES 2 NO 1 CONTRACTOR OF DEATH		Nursing Home 5 ☐ Residence									
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJUI		28d. DESCRIBE HOW INJURY OC	CURED							
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, lerm, str building, atc. (Specify)	eet, factory, office	281. LOCATION (Street end Number City or Town, Stete)	r or Rural Route Number,							
E		1 - 2 - 4 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1										
COMPLETED	(Check only CERTIFYING PHYSICIAN:	To the best of my knowledge, death occurred the basis of examination and/or investigation,										
BE C	295 SIGNATURE AND TITLE OF CERTIFIER	a Deputy Mes	PICAL 29c. LICENSE NUN	ABER 29d. DAT	TE SIGNED (Month, Day, Year)							
0	30. NAME AND ADDRESS OF PERSON WHO COL	& Examina	2 101	352 11	0-25-92							
	PAUL A. DEVORE	. ^	censbury Rd	Hyattsvill	12 MD 20781							
	OCT 2 9 92	32. REGISTRAR'S SIGNATURE Junia Devident Problems										
		U										

. But the second of

A TOTAL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR

The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 2 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		- 01010			
	1. DECEDENT'S NAME (First, Middle, Last)	Willis Whit	ney Atwel	11		2. DATE OF DEATH MONTH D	40 0	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER					10 30		Z 6:17 17 M			
		50 5	' I	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreig Country)				
	368-14-5046	1 ₩ 2 □ F 8			25 21	Sept.5, 19		Michigan			
œ	9a. FACILITY NAME (If not institution, give s	•			R LOCATION OF DE		9c. COUNTY OF DEATH				
6	Holy Cross Hospi	tal		Silv	er Sprin	ng	Montgomery				
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?			
		jomery	I	Rockvill				1 X YES 2 NO			
¥.	10s. STREET AND NUMBER			101	ZIP CODE	504		N OF WHAT COUNTRY?			
FUNERAL	408 Gruenther A	12. WAS DECEDENT EVER IN	III ADMED	12 100 050	20851-1	. 534 IIC ORIGIN? (Specify Yes		d States			
	1 Never Married 2 X Married	FORCES? 1 YES	If yes, spe	ecify Cuban, Mexica 2 💢 NO Specify	n, Puerto Rican, etc.)	or No 14	RACE — American Indian, Black, White, etc.				
BY	3 Widowed 4 Divorced			1 123	2 (3) NO Specify			Speedly: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	rk done during mo		16b. KIND OF BU	SINESS/INDUS	тяу			
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use			Federa:	Cove	rnmont			
M	17. FATHER'S NAME (First, Middle, Lest)	5+	Manager	<u> </u>	40.000000000000000000000000000000000000			Timent			
ö	Richard Whitney	Atwell				ME (First, Middle, Maiden Prances Ho	,				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	ADDRESS (Street a		Route Number, City or Tow		ode)			
٩	Mary P. Atwell					Rockville,					
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☒ Cremation 3 ☐ Rem	comi from State	PLACE AND DATE OF	DISPOSITION (Na	me of 11/1/9	DATE 20c. LO	CATION — City	y or Town, Stats			
	4 Donation 5 Other (Specify)	M	etery, crematory or other ontgomery	Cremat	orium, I	nc. Betl		Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	4		22. NAME AN Robert	A. Pump	hrey Fune:	ral Ho	me/Rockville,			
, j		ands	M00198	ROCK	ille, Ma	iryiand 200	350-28	05			
	23. PART I. Enter the diseases, prosphere.	complications that caused List only one ceuse on ea	the death. Do no	t enter the mo	de of dying, suci	h as cardiac or respi	iratory arres	t, Approximate			
	IMMEDIATE CAUSE (Fine)	0-1	2 h					Onset and Death			
	disease or condition										
_	DUE TO (OR AS A CONSEQUENCE OF): - Motar tatic Lung Concor.										
2	Sequentially list conditions, fif any, leading to immediate Due To (or As a consequence of):										
S	CAUSE (Disease or injury	c									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST										
¥	PART II. Other significent condition	e contributing to deeth be	cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
8						1 🗆 YES 2	MINO	COMPLETION OF CAUSE OF DEATH?			
M								1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che						
Ä	27, MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT	6 Describe How I	NJURY OCCUP	REO			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 1	RK? 'ES 2 NO						
3	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, str	eet, fectory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Homicide determined					ony or rown, dialey					
COMPLETED		CIAN: To the best of my knowle									
Š	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	in my opinion, d	eath occured at the	time, date and place, an	d due to the c	ause(s) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER		MAO		29c, LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year)			
ဥ	30 NAME AND ADDRESS OF BESSEL	~ (M)	104)		D-3	3244	► 10/	30/92			
	R TREHAN MD 5	DW Edmon	oton by	#50	4. Roca	welle n	40 20	1852			
31. DATE FILED (Month, Day, Year) NOV 01 92											

MARYLAND 21215-0020	between between the hospital or attending physician.	over 5 shout an detached for use as the burial-transit permit. Pages 1, 2, 3 should
ALTIMO	eath. Page 6 n	funeral director
BA	hours after of	lied in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, we is shown detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial-transit permit. Pages 1, 2, 3 should be a signed about of Health and Mental Hunitian prior to burial transition or named.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm beginned to the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director and state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
He, Last)		2. DATE O	F DEATH
BOTT		MONTH	ED 20

	1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH		
	ALICE Y. ABBOTT	[OCTO	BER 29		13:05 PM		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE	OF BIRTH	HRTHPLACE (State or Foreign			
1	214 16 2312 9a. FACILITY NAME (If not institution, give	1 M 2 F	79 YRS.		WN OR LOCATION OF E	Jan	8,19	13 Md 9c. COUNTY OF DEATH			
DIRECTOR	SACRED HEART HO	SPITAL		CU	MBERLAND		ALLEGANY				
E I	10a. STATE 10b. COUNT		, TOWN OR L				10d. INSIDE CITY LIMITS?				
	Md Alleg	Lot	naconi	ng				1 X YES 2 NO			
FUNERAL	5 Park St.			101. ZIP CODE 21539			OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED 3 2 DNO DATES	if ye	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Speci	can, Puerto	N7 (Specify Yes Ricen, etc.)		RACE — American Indian, Black, White, etc.			
品	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S			160	. KIND OF BUS	INESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Clerk	rork done durin e retired.)	g most of working		Hote:	L			
Š	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First,	Middle, Maiden	Surneme)				
BE	Wm. C. Abbott			Jane	Byer	S					
2	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rura				*		
-	Mrs. Jean Thomps								rg,Md.21532		
	20a. METNOD OF DISPOSITION 1 (M Burlet 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	ob. PLACE AND DATE (Imelect, crematory or or Laurel	hecolecel HIII	Cem. Oct.	31,9	20c. LOC	CATION — CRY O	or Town, Stata		
	21. SIGNATURE OF PUNERAL SERVICE U	OÉNSEE		Ei c	e and address of f Chhom—McK	Kenzi	e Funei				
\dashv	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do o	Lona	Lonaconing, Md. 21539						
	23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death)										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
ايا	PART ii. Other significant condition	na contributing to death	but not resulting i	n the under	lying cause given in	n Part i.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
5		Y ARTERI		SEAS	5		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	CONGE.	STIVE HE	ART F	AILUR	E		1 YES 2	ET NO	OF DEATH? 1 YES 2 NO		
	RENAL	INSUFFIC	21 ENCY								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	check only o	ne)				
K	1 TES 2 MO	1 1 Inputient 2 ER/Ou	tpetient 3 🗆 DOA	OTHER:	Home 5 - Residence	8 🗆 Oth	er (Specify)				
BY PHYSI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	. INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCURE	0		
	3 Suicide 6 Could not be determined	Y — At home, farm, a ecify)	treet, factory,	office	281. LOC City	CATION (Street a or Town, State)	(Street and Number or Rural Route Number, , State)				
COMPLET		ICIAN: To the best of my kno							se(s) and menner as stated.		
_ 11	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				NED (Month, Day, Year)		
IO BE	S. Char 30. NAME AND ADDRESS OF PERSON WI	repur. D	2 ATIL 07		D250	03	8	► 101	30/92		
	SATURNINA CHA	NG M.D.	FROSTB		PLA3a	FA	estle	urg M	021532		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	5								
1	NUV (12 199)	gulia Davidos	- gandalle			_	_				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 may be retained by the hospital or attending physician	nours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tra be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremetion, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-tra on, or removal.
IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	te medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF OEATH DAY YEAR			WELD	3. TIME OF DEATH		
	Marion	Esther	Kelse	У		Bake	er		OC+	. 29		1992	9:30 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest i		IF UNDER	UNDER 1 YEAR # UNDER 24 H		1 24 HRS.	Millerett David March		8. BIRTHF Country		PLACE (State or Foreign	
	562-12-7767	1 🗆 M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS	IMPC.		10, 1	1907		v York	
	9e. FACILITY NAME (If not institution, give						b. CITY, TOWN OR LOCATION OF OE						TY OF OEATH	
DIRECTOR	Montgomery Gene	al		01	ney					Montgomery				
ដ្ឋ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUR	iTY		19c. CIT	Y, TOWN	OR LOCA	MIDN					10d. INSIDE CITY		
# I	Maryland Mo	ntgomery		Rockville						LIMITS?				
	10e. STREET AND NUMBER	gee_j					H. ZIP COD	E	10g. CITIZEN OF W					
FUNERAL	15404 Bitterroo	t Way			20853						Un	ited	States	
3	11. MARITAL STATUS	12. WAS OECEDENT	T EVER IN U.S. AR		13.					(Specify Yes		14. BACE	- American Indian, White, etc.	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	AR OR DATES	If yes, specify Cuben, Mo						rcun, etc.)		Speci			
	15. DECEDENT'S E (Specify only highest gra	(G	CEDENT'S	work done	during m	ION lost of work	ing		KIND OF BU					
4	Elementary/Secondary (0-12)	College (1-4 or 5+) IIIo.	Do NOT us	e retired.)					cocery				
COMPLETED	12		Bo	okke	eper			2.77		ain Of	_			
	17. FATHER'S NAME (First, Middle, Lest)	1/01 cov					rtha		liddle, Maiden		nson.			
B	Edward 190. INFORMANT'S NAME (Type/Print)	Τ.	Kelsey		ADDRES	e (Chance				er, City or Tow				
2	Martha J. Meren	da		Same			enu numbi	or munit	гжин Мито	m, Unity OF IOW	rii, State, Z	- COOP)		
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS			emetery cre	metory or		20c. LO	CATION -	- City or To	wn, State	
	1 Buriel 2X Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	other pl	rban			SOLD IN CO.	,					ing, MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/	z o a i i	22	NAME A	ND ADDR	SS OF FA	CILITY					
	Deth-	B.CM	MO	0827						ices, ⁄er Sp			20910	
	23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Venturally ary fluid: OUE TO (OR AS A CONSEQUENCE OF):										Approximate Interval Between Onset and Death Sudolu			
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
Ö	PART II Other significant condit	t resulting in the underlying cause given in Pe					See 1	Part I. 24s. WAS AN AUTOPSY			WERE AUTOPSY FINDINGS			
_	A/2 lei me dealete		PER					PERFO	RMED?	240	AARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL					26. 1	PLACE OF	DEATH (C	heck only on	9)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			8. Other		peri	mal	care home	
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	26a. DATE OF (Month, D	INJURY	28b. TIN		28c. IA	UURY AT YORK? YES 2		-	CRIBE HOW			747706	
	3 Suicide 6 Could not 4 Homicide determined	ome, farm, street, factory, office 281. LOCATION (Street City or Town, State						ATION (Street or Town, State	et and Number or Rural Route Number, ite)					
COMPLETED	torious any	YSICIAN: To the best of											e) and manner as stated.	
BE C	295 SIGNATURE AND TITLE OF CERTI	FIER					29c. Life	CENSE NU	MBER		29d. D/	ATE SIGNED	(Month, Day, Year)	
TO B	John K Mu	lemb					DI	929	14			10/3	10/92	
F		NICK 9	in Re	LISEL		A.	Æ.		SAITI	HUR!	J U12	GA	rd 20879	
	NOV 01 92	32. REGISTRA	AR'S SIGNATURE	holes	2								/	

DIVISION OF VITAL RECORDS,

DHMH-18 Rev 1/89

-		Æ,
BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been sligned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely fi

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CE	RTIF		F DEATH		G. NO.		
200		DUMA				2. DATE OF DE	ar y	3. TIME OF DEATH 5:15 A	
1	218-30-5670 1 D M 2			IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		237, 1903	8. BIRTHPLACE (State or Foreign Country) Netherlands	
TOR	9a. FACILITY NAME (If not institution, give street and num Greater Laurel Beltsvi RESIDENCE OF DECEDENT		1	96. CITY, TOWN OR LOCATION OF DEATH Laurel			Prince George'		
REC	10a, STATE 10b, COUNTY		10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
L	Maryland Prince Ge	orge's	Beltsville				1	1 TIZEN OF WHAT COUNTRY?	
FUNERAL DIRECTOR	11218 Old Baltimore Pi		101. ZIP CODE 20705				Uni	ited States	
В	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S. ARM S? 1 TYES 2 THE GIVE WAR OR DATES	MEO O	If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES NO Specif	en, Puerto Rican,		14. RACE — American Indian, Black, Whits, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	-4 or 5 +) (Giv	ne kind of w Do NOT use		TION most of working	16b. KINO	OF BUSINESS/IN	NDUSTRY	
OMF	7 years 17. FATHER'S NAME (First, Middle, Last)	Hous	sewi	Le	18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
BE C	David DeBoer					Welbedad			
0	19a. INFORMANT'S NAME (Type/Print)	77.0			t and Number or Flural				
	John C. Bouma 200. METHOD OF DISPOSITION	20h DI ACE AL	_	F DISPOSITION			-	yland 20705 - City or Town, State	
	TOTAL CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	Baldwin'	ienor	iai U.	4.Cemeter	7		sville, Marylan	
2.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	aret !		Dona		rgwardt		l Home, P.A. ville, Md. 2070	
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only o	ns thet ceused the dea	ith. Do no	ot enter the r	node of dying, suc	ch aa cardiec o	r reapiratory a	rreat, Approximata	
	IMMEDIATE CAUSE (Final	SPIRATORY	FA	LURE				Interval Betwee Onset and Dear	
NC	DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE RUMONARY DISEASE Sequentially list conditions.								
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSECU	UENCE OF	:					
LCE	PART II. Other aignificant conditions contribut	ling to death but not re	aulting ir	the underly	Ing cause given in	Part I. 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING	
: MEDICAL	CONGESTIVE CARDIOM	ropathy, c	HROM		RIAL		PERFORMED? YES 2 DENO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF OEATH (C)	neck only one)			
PHYSICIAN:	1 VES 2 NO 1 Inputie	AL: ont 2 ER/Outpatient 3 (ome 5 🗆 Residence				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	ATE OF INJURY North, Day, Year)	28b. TIME INJU	M 1	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE	HOW INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	LACE OF INJURY — At homuliding, etc. (Specify)	ne, larm, st	reet, factory, of	fice	261. LOCATION City or Town	(Street and Number, State)	er or Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the ba							ated. The cause(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER 35	29d. DA	TE SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETE SMACHAD	321 PR11	NCE	GEOR	best ch	UREL M	1) 287	1 11-	
	31. DATE FILED (Month, Day Year) 32. R6	CISTRAR'S SIGNATURE	and M						

7.4

100

1	0	4	
ľá	ß.	ığ	R
ſé	β¥	댹	IJ.
,	-	ø	,
			E.

BALTIMORE, MARYLAND 21215-0020

ø	2	
•	100	
	2	
	E	
	sit p	
ian.	-tran	
hysic	uria l	
00	the b	
endi	as t	
r att	use	
talo	0	
idso	ched	ď
the	deta	OUC
3	2	12
ined	Doug	fled
eta	50	10 E
y be	забе	9
5 ma	tor, p	ten
9 961	glirec	E
ج.	al (nine
death	fre	эхап
ffer	the	is in
13	5	Po
t ho	pell	5 E
ln 2	ely fi	=
With	plet	Jent Vent
petri	000	. 60
exec	and	Tage E
200	ician	136
ficate	phys	9
Certi	ding	2 2
eath	aften	× 0
he d	the	1
hat	3	MY L
1 88	gne	60 60
inbe.	S Le	how
3W	ed si	23
The	te ha	E
AN:	ifica	= -
SICI	Leo 4	o,
Æ	this	rke
DING	After	E E
TEN	DA:	90
A AT	RECT	3 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL OIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 18 should be detached for use as the burial-transit permit. Page 18 should be detached for use as the burial-transit permit. Page 18 should be detached for use as the burial-transit permit. Page 18 should be detached for use as the burial-transit permit. Page 18 should be detached for use as the burial-transit permit. Page 18 should be detached for use as the burial-transit permit.	be men within 12 four, and locate with the case Dept, or reach and mental rygene proxito buttal, dentation, or employar. IMPORTANT: It fem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
SPITA	ERA	
HÖ	F	M
품	표	2
2	2	3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFI	CALE OF	DEATH	REG. NO					
100	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Laura Fountain Bry	ant			10 26	-	121260			
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BIRTH	100	RTHPLACE (State or Foreign			
- 10			MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	0	ountry)			
	9a. FACILITY NAME (If not institution, give street end number)	7								
00	11 11		96. CITY, TOWN O	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						
힏	Holy Cross Hospita	1	Silver	Spri	na	Mon	topmory			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	I so over		1372 3	J.					
<u>E</u>		27.0	TOWN OR LOCAT				10d, INSIDE CITY LIMITS?			
0	MD Montgomery	21	Silver Spring			1 🙀 YES 2 🗌 N				
¥	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN (OF WHAT COUNTRY?			
m	504 Fairhill Dr.		20904			US				
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER I	IN U.S. ARMED	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN				*			
L	1 Number Married 2 Married FORCES? 1 YES		If yes, spe	2 NO Specify	n, Puerto Rican, etc.)	€	IACE — American Indian, Black, White, etc.			
B	3 Wildowed 4 Divorced	MICO	1 TES	2 LP NO Specify		l s	pecify:			
Q	15. DECEDENT'S EDUCATION	16a. DECEDENT'S U	ISUAL OCCUPATIO	N .	16b. KIND OF BUS	INESS (INDITIONS	UNITE			
	(Specify only highest grade completed)	(Give kind of wo	ork done during mos	st of working	TOU. KIND OF BU	HINESSAMOUSIN	ir			
7	Elementary/Secondary (0-12) College (1-4 or 5+)	100 200 1100								
COMPLETED	8 17. FATHER'S NAME (First, Middle, Last)	Housewi	fe		Home					
8	N			18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)				
BE	William Greene			Georgia	nna Sale					
2	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		loute Number, City or Tow	, State, Zip Code)			
F	Joan Asbury	504 Fa	irhill I	r. Silve	r Spring	MA 200	0/4			
	20a. METHOD OF DISPOSITION 208	D. PLACE AND DATE OF				CATION — City o				
	1 № Burial 2 U Cremation 3 U Removal from State con	netery, crematory or oth	er place)		1100					
	21. SIGNATURE OF FUNERAL BERVICE DICENSES.	Lincoln		D ADDRESS OF FA	-28-92 Bre	itwood,	Md.			
	9 11				F.H. Inc.					
	Morus A. Acos					C 4 1 *** 0	r Spring Md.			
	23. PARTA. Enter the diseesea, or complications that cause	d the death. Do no	of enter the mor	de of dulan evel	SHILLE AVE	STIVE	Approximate			
	shock, or heert fallure. List only one cause on e	ach line.		ac or aying, soci	i aa cardiac or respi	atory arrest.	Interval Between			
- 1	IMMEDIATE CAUSE (Final disease or condition			/			Onset and Death			
	resulting in death)	ise a	rrest				minates			
	DUE TO (OR AS	A CONSEQUENCE OF)):	. 4	10					
z	co (oron	aru	and	ery	Disea	200	Um <			
0 1	Sequentially list conditions, DUE TO (OR AS /	A CONSEQUENCE OF)	ii.	/			7			
\equiv	OUE TO (OR AS A CONSEQUENCE OF):									
CATIC	cause. Enter UNDERLYING	Cause. Enter UNDERLYING Cause. Enter UNDERLYING Cause. Enter UNDERLYING								
FICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF)		that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
HTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF)								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A			cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			cause given in	PERFOR	MED?	MAILABLE PRIOR TO			
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			cause given in	Part I. 24a. WAS AN PERFOR	MED?				
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A d			cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death be a second to the conditions of the conditions of the conditions contributing to death be a second to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condit	out not resulting in	the underlying	cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A d	out not resulting in	the underlying 26. PL OTHER:		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	PART II. Other algnificent conditions contributing to death be cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A d	patient 3 DOA	26. PL OTHER: 4 Nursing Hom OF 28c. INJI	ACE OF DEATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions conditions conditions contributing to death to the conditions conditions conditions conditions	petient 3 DOA	26. PL OTHER: 4 Nursing Homo OF 28c. INJ! WO!	ACE OF DEATH (Che	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to	petient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJ! M 1 Y	ACE OF DEATH (Che	PERFOR 1 YES 2 Ck only one) 8 Other (Specify) 28d. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions conditions conditions contributing to death to the conditions conditions conditions conditions	petient 3 DOA 28b. TIME	26. PL OTHER: 4 Nursing Home OF 28c. INJ! M 1 Y	ACE OF DEATH (Che	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions conditio	petient 3 DOA 28b. TIME	26. PL OTHER: 4 Nursing Home OF 28c. INJ! M 1 Y	ACE OF DEATH (Che	PERFOR 1 YES 2 1 YES 2 Ck only one) 6 Other (Specify) 28d. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing contributing to death to the conditions contributing to de	patient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJ! RY WOI 1 Y	ACE OF DEATH (Che 5 GRealdence JRY AT RRY LES 2 NO	PERFOR 1 YES 2 1 YES 2 Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	MED? NO NO NURY OCCURED AND NUMber or Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A d	patient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 26c. INJI RY Wol 1 Y reet, factory, office	ACE OF DEATH (Che 5 GReeldence JRY AT RK? ES 2 NO end place, end due	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State)	MED? NO NO AJURY OCCURET	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing to death to the conditions contributing contributing to death to the conditions contributing to de	patient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 26c. INJI RY Wol 1 Y reet, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 2 ENOuty 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Near) 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination	patient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 26c. INJI RY Wol 1 Y reet, factory, office	ACE OF DEATH (Che 5 GReeldence JRY AT RK? ES 2 NO end place, end due	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Netural S Pending Investigation	petient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INAL WOI M 1 Y reet, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 2 ENOuty 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Near) 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination	petient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJI M 1 Y reet, factory, office d at the time, date , in my opinion, de	ACE OF DEATH (Che 5	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Netural S Pending Investigation	petient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INAL WOI M 1 Y reet, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Netural S Pending Investigation	patient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJI M 1 Y reet, factory, office d at the time, date , in my opinion, de	ACE OF DEATH (Che 5	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Notural 1 Notural 1 Notural 2 Accident 1 Notural 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Acc	patient 3 DOA 28b. TIME INJU	26. PL OTHER: 4 Nursing Home OF 28c. INJI M 1 Y reet, factory, office d at the time, date , in my opinion, de	ACE OF DEATH (Che 5	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street of City or Town, State) to the cause(s) end martime, date and place, en	MED? NO AJURY OCCURED and Number or Ru there as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number,			

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	y filled in by the funeral director, page 5 should be detached for use as the burial ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA CERTIF	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) James N		Beach, Sr.			2. DATE O MONTH	F DEATH	1992	3. TIME OF DEATH 1:30 p M
	4. SOCIAL SECURITY NUMBER 212–20–1978	1 📉 M 2 🗌 F	AGE (In yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR		(March Day March			
TOR	9a. FACILITY NAME (II not inetitution, give : 19410 Wasche Rd. RESIDENCE OF DECEDENT	street and number)						oc. county of death Montgomery	
DIRECTOR	10a. STATE 10b. COUNT	gomery		ry, town on Lo Ckerson					10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 19410 Wasche Ro	10 Wasche Road			101. ZIP CODE 20842	U.S.A	WHAT COUNTRY?		
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 THO	If yee,	Specify, Cuban, Mexic (ES 2 NO Spec	en, Puerto Ric		- 14. RACI Blac Spec	E — American Indian, k, White, etc. my: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		IIIe. Do NOT L	work done during	ATION most of working	16b. K	IND OF BUSINESS	INDUSTRY	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mic	Idle, Maiden Sumam	•)	
BE (John Joseph Bea	ch				Roger			
5	19e. INFORMANT'S NAME (Type/Print) Hisle Geneva Be:				et and Number or Aurel Rd. Dick			zip Code) 0842	
i	20 METNOD OF DISPOSITION 1 Burial 2 Cremellon 3 Ram 4 Donalion 8 Other (Specify)	**************************************	20b. PLACE AND DATE cemetery, cremetery or VI ONOC	acy		10/1			e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIN	litter		Hil	ton Funer	cal Hor	_		lem Md. 20838
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. METAS	on each line.	COLO				srrest,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	eDUE TO (OR	AS A CONSEQUENCE O	F):					
	PART II. Other significent condition	is contributing to dea	th but not resulting	in the underly	ing cause given in	Port I 2	4a. WAS AN AUTOPS	w au	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFORMED?	240	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)			
IXSI	1 YES 2 NO	1 Inpatient 2 ER	10.00	4 🗆 Nursing H	ome 5 Residence	8 🗆 Other (S	Specify)		
BY Pt	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIN	JURY	NJURY AT WORK? YES 2 NO	28d. DESCR	RIBE NOW INJURY (OCCURED	
- 1	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — Al home, lerm, (Specify)	streel, fectory, or	fice	28f. LOCATI City or	ON (Street and Num. Town, State)	ber or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of my i) end manner ee stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER CAROLYN B. HENDE	RICUS M	ก		29c. LICENSE NU	MBER	29d. D		(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WN 14808 PHYSICA	14NS' LA	PERMITTINE ROCESIGNATURE	KVILL	E, MD	209	850.		
	31. DATE FILEO (Morith, Day, Year) OCT 1 4 19	32. REGISTRAR'S !	signature Randa	00_					

1.001 Inc. 1402 To 15

Section 12

Cold foreign ready Cold State Cooks of Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold State Cold

· volume tiles miljel spessen.

REGISTRAR 1. DECEDENT'S NAME (First,		Pi cho				E OF	DEATH		2. DATE OF DEA MONTH Oct. 14	ГН	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE	Georg	5. SEX	rd Bla			R 1 YEAR					A DIRTH	6:45 P. P
		1X M 2 F	83	YRS.	MONTHS	DAYS	HOURS N	III.	(Month, Day, Ye	ar)	Country)	
212-20-1144 9a. FACILITY NAME (If not ins				11101	9h CIT	V TOWN O	R LOCATION		Nov. 22,		Ma:	ryland
5804 Wes	tern V				90. CI		t Air		Freder			
10e, STATE	10b. COUNTY	7		10c, CI1	Y, TOWN	OR LOCATI	ON					10d. INSIDE CITY
Maryland	Fre	ederick				Moun	t Air	v				LIMITS?
10e. STREET AND NUMBER							ZIP CODE	0		10g, CITI		HAT COUNTRY?
5804 Wes	tern V	liew Pl.					2177	7				SA
11. MARITAL STATUS	OCI II	12. WAS DECEDENT	LEVER IN U.S. AF	RMED	13.	WAS DECE			C ORIGIN? (Spec	fy Yee or No-		- American Indian,
1 Nover Merried 2 1 1 3 Widowed 4 Divor		FORCES? 1. IF YES, GIVE W	AR OR DATES	NO		If yes, spe		dexican.	, Puerto Ricen, at		Black, Specify	White, atc.
ts. DECE	DENT'S EDUC	CATION	16e, DI	ECEDENT'S	USUAL C	CCUPATIO	N		16b. KIND C	F BUSINESS/INC	USTRY	
Elementary/Secondary (0-	- 1	College (1-4 or 5 +)				t of working					
7				loor	ing (Contr	actor		C	onstruc	tion	
17. FATHER'S NAME (First, Mic							18. MOTHER	'S NAM	AE (First, Middle, N	alden Sumame)		
19a. INFORMANT'S NAME (Type/Print)	George B. Blair Mary						y Sword					
		19	D. MAILING	ADDRES	S (Street en	d Number or	Rural Ro	oute Number, City	or Town, State, Zip	Code)		
	Louretta Mellott Blair 5804 Western View Pl., Mount Airy, Md. 21771								21771			
		ovel from State	other o	(acal			etery, cremato		7/92	Mount		
21. SIGNATURE OF FUNERAL		ENSEE	1		22	. NAME AN	D ADDRESS			1100410	1002	,
1 /XAN		- 1	///		- (Olin	L. Mo		worth,	P.A.		
2001	u d	. mot	esmal	<u>ل</u>		26401	Ridg	les e R	worth, Rd., Dan	ascus,		20872
IMMEDIATE CAUSE (Findisease or condition	ert fellure.	List only one ceu	se on each lin	e.	not ente	26401 r the mod	Ridg de of dying	les e R	worth, d., Dan as cardiac or	ascus,		20872 Approximate Interval Between
ahock, or he IMMEDIATE CAUSE (Fine	ert fellure.	List only one ceu	se on each lin	e.	not ente	26401 r the mod	Ridg de of dying	les e R	worth, d., Dan as cardiac or	ascus,		Approximate Interval Between
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition If any, leeding to immed	ent fellure.	e		e.	not ente	26401 r the mod	Ridg de of dying	les e R	worth, d., Dan as cardiac or	ascus,		Approximate Interval Between
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition If any, leeding to immedicause. Enter UNDERLYII CAUSE (Disease or Injur CAUSE (Disease or Injur	ons, flete	e	CON AS A CONSE	e.	not ente	26401 r the mod	Ridg de of dying	les e R	worth, d., Dan as cardiac or	ascus,		Approximate Interval Between
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition f any, leeding to immed cause. Enter UNDERLYII	ons, diete	e	OR AS A CONSE	e.	not ente	26401 r the mod	Ridg de of dying	les e R	worth, d., Dan as cardiac or	ascus,		Approximate Interval Between
ahock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injurthet initiated events resulting in death) LAST	ons, slete	e	(OR AS A CONSE	e.	not ente	2640] r the mod	Ridg de of dying	e R	sworth, id., Dan as cardiac or	ascus,	24b.	Approximate Interval Between
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition fany, leeding to immedicause. Enter UNDERLY/II CAUSE (Disease or Injuit that initiated events	ons, slete	e	(OR AS A CONSE	e.	not ente	2640] r the mod	Ridg de of dying	e R	Sworth, id., Dan as cardiac or line	ascus, respiratory and	24b.	Approximate Interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
ahock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injurthet initiated events resulting in death) LAST	ons, slete	e	(OR AS A CONSE	e.	not ente	2640] r the mod	Ridg de of dying	e R	Sworth, id., Dan as cardiac or line	ascus, respiratory and as an autopsy reformed?	24b.	Approximate Interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition fany, leeding to immed cause. Enter UNDERLYII CAUSE (Disease or injuit thet initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO	ons, siete NG ry	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	e.	not ente	26403 r the mod Reco	Ridg de of dying	lesse R R R R R R R R R R R R R R R R R R	Part I. 240. W	ascus, respiratory and as an autopsy reformed?	24b.	Approximate Interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
ahock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leeding to immed cause. Enter UNDERLYII CAUSE (Disease or injunted initiated events resulting in death) LAST	ons, siete NG ry	e	OR AS A CONSE	e. COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE CO	not ente	2640] Ir the mod Reco	Ridg de of dying de of dying de of dying de of dying de of dying de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of d	less Re Richard Research	Part I. 240. W	AS AN AUTOPSY PROPRIED?	24b.	Approximate Interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
ahock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other significant in yes 2 No. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH Netural 5	ons, Siete NG Profile D MEDICAL	e	COR AS A CONSE	COUENCE C	OTHE 4 No	2640] r the mod Record Record 28. PL R: rirsing Home 28. INJU WOI	Ridg de of dying de of dying de of dying de of dying de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of d	lesse R R R R R R R R R R R R R R R R R R	Part I. 240. W P P Ck only one)	AS AN AUTOPSY ERFORMED?	24b.	Approximate Interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
ahock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition fany, leeding to immed cause. Enter UNDERLYII CAUSE (Disease or injunthet initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 1 2 Accident 1 3 Suicide e 1	ons, silete NG ny T Arabican D MEDICAL	Elet only one ceu e	COR AS A CONSE	COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENCE COUENC	OTHE 4 Number of JURY	26. PLER: rating Home	Ridg Je of dying Couse give ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL ACE OF DEAL A	lesse R R R R R R R R R R R R R R R R R R	Part I. 24e. W P P Ck only one)	AS AN AUTOPSY THE ORMED? ES 2 NO Street and Number	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injuit the tinitiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suicide 6 0 4 Homicide 29e. CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Ch	ons, silete NG ny T	E. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE OR AS A CONSE (OR AS A CONSE death but not Der/Outpatient INJURY	e. GOUENCE C GOUENCE C Tresulting Tome, farm, John Harth occur	OTHE 4 Number of Street, factors at the	26. PL R: ring Home 26. INJL 1 Yettory, office	Ridg de of dying de of dying de of dying de of dying de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of d	less Re Richard Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Resea	Part I. 24e. W Plack only one) 6 Other (Special Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. Describer 28d. De	AS AN AUTOPSY THE ORMED? ES 2 NO Street and Number State)	24b. CURED or Rural Ru	Approximate interval Between Onset and Deat! WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injuit the tinitiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suicide 6 0 4 Homicide 29e. CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Check Only CERTIFIER (Ch	ons, stete on the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	E. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE OR AS A CONSE (OR AS A CONSE death but not Der/Outpatient INJURY	e. GOUENCE C GOUENCE C Tresulting Tome, farm, John Harth occur	OTHE 4 Number of Street, factors at the	26. PL R: ring Home 26. INJL 1 Yettory, office	Ridg de of dying de of dying de of dying de of dying de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of de of d	Per Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic Republic	Part I. 24e. W Cok only one) 8 Other (Special Describes 2ef. LOCATION (City or Town,	AS AN AUTOPSY REFORMED? LES 2 NO Street and Number State)	24b. 24b. or Rural Re ed. e ceuse(a)	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death

4 Culwell Dr., Mt. Airy, Md. 21771

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Miller, M.D.

Ronald E.

1992

31. DATE FILED (Month, Day, Year) OCT1 6

DHMH-16 Rev 1/89

or offer to all year

, 33

Y'4" . 1 114

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIMIL OI	m/iiii 🚨		ICATE OF			REG. NO	VE		
1. DECEDENT'S NAME (Fight Middle, L	est)						2. DATE OF DEATH			3. TIME OF DEATH
	Joh	n Jame	es Bisho	in.			J	MY 1	QQ2	10:10 am M
4. SOCIAL SECURITY NUMBER	5. SEX	_	In yrs, last birthday)	-	IF UNDER	24 MDR	7. DATE OF BIRTH	30, 1		IPLACE (State or Foreign
	1 🗓 M 2 🗆 F			MONTHS DAYS	HOURS	MIN.	February		Count	y)
066-07-5750			78 YAS.				12,7			York
Sa. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	EATH	9c. CO	UNTY OF D	EATH
Suburb	an Hospita	al			Bethe	esda			Mon	tgomery
RESIDENCE OF DECEDENT										
	UNTY		10c. Cl	TY, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
Florida	Flagler				Palm (Coas	t			1 X YES 2 NO
10s. STREET AND NUMBER				1	of. ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?
88 Westchester	Lane					321	37	Uni	ted	States
11. MARITAL STATUS	12. WAS DECED	ENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF	F HISPAN	IIC ORIGIN? (Specify Ye			
1 Never Married 2 Married	FORCES?			If yes, s	pecify Cuber	, Mexica Specify	n, Puerto Rican, etc.)			E — American Indian, k, White, etc.
3 Widowed 4 Divorced		V II		10 "	3 24 <u>0</u> NO	Specin	.		Spec	White
15. DECEDENT'S	EDUCATION		16a. DECEDENT'S	S USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/IN	IDUSTRY	WILL CO
(Specify only highest g			(Give kind of life. Do NOT L	work done during n	nost of working	g		0		
Esementary/secondary (0-12)	College (1-4 or 2	3+)	c	alesman			100	7		
17. FATHER'S NAME (First, Middle, Last			5	aresman				Appa		
					16. MOTH	ER'S NA	ME (First, Middle, Maide			
	Bishop						Estelle E			
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
Lorraine Bishor	White		9309	East Par	ckhill	Dr	ive Bethes	sda, M	aryla	and 20814
20e METHOD OF DISPOSITION	es es a companyo	20b	PLACE AND DATE	OF DISPOSITION (lame of		DATE 20c. L	CATION -	- City or To	wn, State
4 Donation 5 Other (Specify)	Removal from State	cem	Gate of	Heaven	rember	2,	1992 5115	or S	nrin	g, Maryland
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		0000	22. NAME	UND ADDRES	S OF FA	CILITY	VET 5	PLIII	g, Maryrand
6	2/			Robei	ct A.	Pum	phrey Fund y Chase, I da, Maryla	ral	Home	/
Jeage)	Deplect	_	M0033	5 Avenu	ie Bet	hes	da, Maryla	ind 2	0814	Wisconsin
23. PART I. Enter the diseases	or complications t	hat caused	the death. Do	not enter the m	ode of dylr	ng, sucl	h as cerdiec or resp	iratory e	rrest,	Approximate
snock, or heart fallu	ire. List Dnly one c	ause on ea	ach line.							Interval Between
IMMEDIATE CAUSE (Finel disease or condition	MV	T 1.	2 4 . 7 .	, ,	, , , , ,	10				Onset and Death
resulting in death)	a. ///	6/1/	VP//TX		VFI	TK	0/101	1/_		VICO 17
	000	O (OH AS A	CONSEQUENCE	η -):	1		11/6	_		1111
Sequentially list conditions,	a CERE	BRO	VASCL	LAR	Ne	CIL	CTION SEXT			30075
if any, leading to immediate	DUE	O (OR AS A	CONSEQUENCE C	0F):	1.		/		λ	111 15
CAUSE (Disease or Injury	CHATE	A105	CLED	11910	UMRI	NOV	ASUGA.	10 4	156	2 INDET
that initiated events	DUE 1	O (OR AS A	CONSEQUENCE C	Kr.						
resulting in death) LAST	d									
DART II ON - 1 III										
PART II. Other significant condi	tions contributing	to deeth be	ut not resulting	in the underlying	ng ceuse g	iven in	Part I. 24a. WAS AI	AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 □ YES			COMPLETION OF CAUSE
								200		OF DEATH?
										1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	L			20.5	H ACE OF DE	ATM (C)				
EXAMINER?	HOSPITAL:			OTHER:	LACE OF DE					
1 VES 2 NO			etient 3 DOA			idence	6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE (Month)	Day, Year)	28b. TIR		JURY AT ORK?		2ad. DESCRIBE NOW	INJURY O	CCURED	
1 Netural 5 Pending 2 Accident Investigati	on				YES 2	NO		-		
3 Suicide 8 Could not	28e. PLACE	OF INJURY	- At home, ferm,	street, factory, offi	ca		28f. LOCATION (Street	and Numb	er or Rural F	loute Number,
4 Homicide determine		At are: (obec	"""				City or Town, State	_		
29a. CERTIFIER	WOLOTAL! T									
(Check only							to the cause(s) and ma			
Z MEDICAL EXAM	RINER: On the basis of	axamination	and/or investigation	on, in my opinion,	deeth occure	d at the	time, data and place, a	nd dua to	the cause(s) and manner as steted.
296. SIGNATURE AND TITLE OF CERT	FER	111	101	100	29c. LICE	NSE NUM	IBER	29d. DA	TE SIGNED	(Month Day, Year)
Allen.	(4)	114	111	CO	80	70	99	1/1	15/2	61
30. NAME AND ADDRESS OF PERSON	WNG COMPLETED CA	USE OF DE	ATN (ITEM 27) (Tons	p. Print)	100	1			100	4
franken ()	MAULA	1121	Cloris.	1/11/200	x R	7	2-1-1-	-1	DA	12200
31. DATE FILED (Month, Day, Year)	111700	RAR'S SIGN	1 CK	1 weet	30 7	1	8146	-61	1/1	D-001/
כחי בח או	32. HEGIST	Taris Sign								
01 92	Julia	Jan de	- property							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMH-16 Rev 1/89

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	r filled in by the funeral director, page 5 should be detached for use as the burial tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tropic filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	76	01024
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY 10-26-92	YEAR	3. TIME OF DEATH
	Mary E. Barber	SEX 8. AGE (In		West and the Land Section 1			1539 M
		D C	MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day: Year)	HPLACE (State or Foreign ry)	
	214 20 0020	AA 1 / U	YRS.		9-11-22	Vii	rginia
~	9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN OR LOCATION OF D	EATH 90	c. COUNTY OF E	DEATH
DIRECTOR	Washington Adven	tist Hospita		akoma Park, Ma	ryland	Montg	omery
#	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Prince	George Co.	Ade	phi			1 YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?		
F -	_1801 Metzerott Roa	d		2	0783	UNITED	STATES
FUNERAL		. WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or I	No- 14. RAC	E — Americen Indien,
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Mexico		Spec	k, White, etc.
BY	3 Widowed 4 Divorced				,		ack
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON 1	6a. DECEDENT'S USU	L OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY	
4		college (1-4 or 5+)	Me. Do NOT use reti	fone during most of working red.)			
<u>P</u>	6		QUALITY	INSPECTOR	ELECTRIC	MANUFAC	CTURE
ō	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden Surn		920103
	Moses Hill			Pearl U			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural		tate. Zip Code1	
2	Rebecca Lincoln			rilta Court, H			_
	20e. METHOD OF DISPOSITION	20b P	LACE AND DATE OF DIS			2203 ION — City or To	
	1 Buriel 2 Cremation 3 Removal	from State comet	ery, crematory or other o	lace)			
	21. SIGNATURE OF THE NEAL SERVICE A CENS	EF / 4	ZION ÚNITIEI	22 NAME AND ADDRESS OF FA)/31/92 ST.	INTGOE	S. MARYLAND
	ulle KISI	de		22. NAME AND ADDRESS OF FA	59 N. Was	La rune	ral Home
	Michael K. Bi	ankenship			Leonardto	own Ma	ryland 20650
	23. PART I. Enter the diseases, or com	pilications that caused t	he daath. Do not a	ntar the mode of dying, auc	h aa cerdiac or reepirato	ory arrest,	Approximate
	shock, or heart failure. Liet IMMEDIATE CAUSE (Final			1	7		interval Batween Oneat and Death
	disease or condition resulting in death)	Ctival	co Dul	monory Lyo Cardia	arrest		
	resulting in death) . a	DUE TO (OR AS A C	ONSEQUENCE OF):	()	71	1	
z	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	10550	ble 1	140 Cordea	il Into	rotion	
은	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A C	ONSEQUENCE OF):		-1.		
3	cause. Enter UNDERLYING	150,	Lamie	Kent	disease		1
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):	2	1.		
CERTIFICATION	resulting in death) LAST	CELP	Drn Vo	Scular	a create	0	
					,		
AL	PART II. Other algnificent conditions co	ontributing to deeth but	not resulting in th	underlying cause given in	Part I. 24s. WAS AN AUT		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8	(axobro V	a SCULOW	FICE	ident	1 _ YES 2 _	NO	COMPLETION DF CAUSE OF DEATH?
NE NE	Stank	Seps	21				1 YES 2 NO
-					_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
Sic		OSPITAL: Inpatient 2 ER/Outpat		HER: Nursing Home 5 - Residence	8 Other (Speciful		
À	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME OF	- 28c. INJURY AT	28d. DESCRIBE HOW INJUR	RY OCCURED	
	1 Natural 5 Pending	(Month, Day, Yeer)	INJURY	WORK? M 1 YES 2 NO			
B	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJURY -	At home, ferm, atreet		261. LOCATION (Street and It	Number or Rural I	Pourte Number
	4 Homicide 6 Could not be	building, etc. (Specify)		City or Town, State)	TOTAL OF THE P	ione manibal,
Ш	290. CERTIFIER		ve liev con lea				
COMPLETED				the time, date end place, end due			
8		TI THE DESIS OF EXAMINATION C	muzor investigation, in	my opinion, death occured at the	time, date end place, end du	e to the ceuse(e	e) end menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Vanchlile.		29c. LICENSE NU	MBER 6272 294	d. DATE SIGNED	(Month Day, Year)
	Kaany 1	Mr CAT		MD.L	10213	10/2	7/42
2	30 NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print	Landover	Rd Lan	dove	red MO
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGNAT			,		
	NOV 0 2 92	guila Dav	(W)OI I				

(Ve

STATE	OF	MARYL	AND	/ DEPA	RTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	Ē
			C	ERTIF	FICATE	O	F DEAT	TH		REG. NO.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF HEALTH AN	MENTA	L HYGIEN		has 6	71025		
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	MARJORIE ANN	1000	Kert	MONT 10	- 29		YEAR 3.	TIME OF DEATH 25450M		
		1□ M 2 🔀 F 58	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HR ITHS DAYS HOURS MIN	JUN	of Birth th, Day, Year) E 6, 1		Country) ASHIN			
DIRECTOR	St. Mary'S	Xbspital	/ /	Leonard town St. Mary							
	100. STATE 10b. COUNTY MARYLAND ST. N 100. STREET AND NUMBER	MARY'S		LIFORNIA			T	1	d. INSIDE CITY LIMITE? TES 2 1 NO		
ERA	1091 N. PATUXENT E	REACH ROAD		20619					COUNTRY?		
BY FUNERAL		12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer 1 YES 2 NO Sp.	rican, Puerto	N? (Specify Ye Rican, atc.)	or No 1				
COMPLETED		OTION 16 Dempleted) 16 College (1-4 or 8+)	8a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	168	. KIND OF BU	SINESS/INDUS				
MP	12 17. FATHER'S NAME (First, Middle, Last)		FINANCI	AL MANAGER		US NA					
	WILLIAM F. O'BRIEN	1		18. MOTHER'S							
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD	PRESS (Street and Number or Ru		ESTHEI			-		
2	WILLIAM R. BECKER	T	1091 N.	PATUXENT BE	ACH RO	DAD. C	ALIFOR	NIA.	MD 20619		
	20e. METHOD OF DISPOSITION 1 September 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cemete.	ACEANDDATEGED	SPOSITION (Name of Nace) HEART OF MAR)	OAT	E 200 LO	CATION - CH	w or Town	Ctete		
		LANKENSHIP		22. NAME AND ADDRESS OF	FACILITY E	BRINSFI 9 N. V EONARI	ELD F VASHIN VIOWN.	UNERA GTON MARY	L HOME STREET LAND 20650		
	23. PART I. Enter the diseases, Dr cor shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Curdio - Re	ine.	ARREST	uch se cen	diac or resp	ratory arrea	ıt,	Approximata interval Between Onset and Death 4-6 mm.		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	DNSEQUENCE OF):	henory len	know	on			Many nintte		
MEDICAL	PART II. Other significent conditions	contributing to death but	not resulting in th	esuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO					RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 700		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH							
НУ	1 YES 2 NO 1 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK?		r (Specify) CRIBE HOW I	NJURY OCCU	RED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation										
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street	, factory, office	28f. LOC City	ATION (Street or Town, Stelle)	and Number or	Rural Route	Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated.										
w	296. SIGNATURE AND TITLE OF CERTIFIER	(A)	29c. LICENSE N	29d. DATE S	IGNED/Mo	nth, Day, Ybar)					
TO B	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	two -		D>98>1 11/x/92							
	30. NAME AND ADDRESS OF PERSON WHO O	amarou	4110	O. D.							
	31. DATE FILED (Month, Day, Year) 4 92	32. REGISTRAR'S SIGNATU	son-pande	- /							

	된	
	2	
	65	
	2	i
	-	•
	Se	
	200	•
	E	
	8	
	S	
an.	F	
:00	FE	
Ě	M	
0	9	
Į,	#	
ten	60	
9	nse	
0	ě	
Pit	P	
So	5	
w	물	
3	9	
5	ĸ	
3	B	
ä	뤮	
ø	40	
A	8	
na	a	
9	9	
9	Je J	
E	9	
ė,	era	
eat	5	
94	2	1
afte	×	1
2	F	1
Por	2	-
24	#	1
.5	ely	
É	ë	1
9	E	4
95	2	3
æ	and	4
63	=	4
B	2	200
ale	E	4
ţį.	d	-
Se	iệ	L con
€	ie.	7
dea	F	9
9	the state	6.1
=======================================	6	70
th	g	4
SS	6	400
Ē	. S	d
rec	99	200
M.	0	1
A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may have a the law requires that the death certificate be executed within 24 hours after death. Page 6 may have a new required by	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 secured for use as the burial-transit permit, Pages 1, 2, 3 should	ć
F	ate	400
S.	ilici	ô
CE	ert	4
3	SC	4
표	Ē	
9	ter	A sh
9	×	A dia
E	OR	Stan a
A	5	-
-	2	3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10

N.A. RANJITHAN
31. DATE FILED (Month, Day, Year)

OCT 2 9 1992

BALTIMORE MEPL ND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may by the man by a hospital of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 metric death be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR		recommendation and						9	2	31826	C
	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DE			HEALTH AND F DEATH	MENTAL	HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last) OLIVER	D	BALS	SLEY			2. DATE 0 MONTH 10		AY 9.	EAR	TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 703-07-9027	5. SEX X M 2 - F	6. AGE (In yrs. last birti	rs. IF UN	DER 1 YEAR			F BIRTH Day, Year) 4-1924		BIRTHPL Country)	ACE (State or Foreign	
_ ر	9a. FACILITY NAME (If not institution, give str			100		OR LOCATION OF D	EATH		9c, COUNTY	OF DEA		
5	Memorial Hospita	3T			CUMBE	RLAND			ALL	EGAN	<u>Y</u>	_
DIRECTOR	10a. STATE 10b. COUNTY MD Alle	egany	10	c. city, tow Cumb							INSIDE CITY LIMITS? YES 2 NO	
AL	10e. STREET AND NUMBER	Jacobs		Como		IO1. ZIP CODE			10g. CITIZEI		T COUNTRY?	_
FUNERAL	612 Avondale Ave					21502			USZ	A		
BY FUI								(Specify Year can, etc.)	or No— 14	Specify:	American Indian, Thite, etc.	
	15. DECEDENT'S EDUCA	T WW T		ENT'S USUAL	LOCCUPAT	CION	166	KIND OF BUI	SINESS/INDUS		white	_
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	(Give kii	nd of work do VOT use retire	ne durina r	nost of working	1000	AND OF BO	SINE 33/INDO	,,,,,		
MP	17. FATHER'S NAME (First, Middle, Last)		mac	chinis	st	1			Railro	oad		
						18. MOTNER'S NA						
BE (Carl M. Balsl	ey	19b. MA	ILING ADDR	ESS (Street	and Number or Rural	dusy I			ode)	-	_
10	Mrs. L. Eileen F	Ralslev	- 1			Avenue (,		
	20a. METHOD OF DISPOSITION	1	20b. PLACE AND Cometery, cremator	DATE OF DISF	POSITION /		DATE		CATION - CIT		, Stata	
	► Buriel 2 Cremation 3 Remove Donation 5 Other (Specify)		Hillcre	st Bu	rial		10-28	<u> </u>	umberl	and,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Z da	1.0//	//.	Sca	and address of fa rpelli Fo	mera.	L Home	2			
	23. PART . Enter the diseasea, prico	mplicationa that	caused the death.	Do not en	ter the m	borland, lode of dying, suc	h aa cardi	ac or respi	ratory arrea	t,	Approximate	-
	ahock, or heart fellure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	iet only one caus	Card	on each line. One of the Republic Application of the Consett and Dea								
	a.	DUE TO	OH AS A CONSEQUEN	ICE OF):		110	7)	-		-		
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUEN	CE OF:	Copy	81 brug	1 110	lasg				
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING	332 (3)	on roja concecció	OL OI J.								
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUEN	CE OF):								
ER	resulting in death) LAST								· · · · · ·			
	PART ii. Other algnificant conditions	contributing to	leath but not resul	ting in the	underlyi	ng cause given in	Part I.	24s. WAS AN			ERE AUTOPSY FINDING	GS
MEDICAL								PERFOR	_	CC	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	1
											YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
SC	EXAMINER?	HC94	ER/Outpatient 3 0	ОТН	ER:	PLACE OF DEATN (Ch						_
H	27. MANNER OF DEATH	28a. DATE OF	NJURY 281	. TIME OF	28c. II	me 5 🗌 Rasidenca			NJURY OCCUP	RED		_
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	(, Year)	INJURY		YES 2 NO						
COMPLETED	3 Suicide 6 Could not ba 4 Homicide detarmined	28e. PLACE OF building, a	F INJURY — At home, farm, street, factory, office atc. (Specify) 28t. LOCATION (Street and Number or Rural Rec City or Town, State)					Rurel Rout	e Number,			
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of r	ny knowledge, death o	ccurred at th	ne time, da	te and place, and due	to the caus	e(a) and mar	ner sa stated.			-
NO.	One) 2 MEDICAL EXAMINER:									ause(a) ar	nd manner as stated.	,
ш	296. SIGNATURE AND TITLE OF CERTIFIER	4				29c. LICENSE NUI			29d, DATE S	IGNED (M	orith, Day, Year)	
TO B	11/1/1/N	10				D 1931	. 8		10	1/2:	7/92	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	OF DEATH (ITEM 27)	(Type, Print)						/	1	_

517 OLDTOWN RD CUMBERLAND MD 21502

32. REGISTRAR'S SIGNATURE

fulia Navidson-Rondale.

DHMH-16 Rev 1/89

報		ĕ
ž	•	H
thould		Į
ö		脻
ğ	-	2
AL UNELIUM: After this certificate has been signed by the attending physician and completely filled in by the funeral director have a mount by the		If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be man
funera		xamin
E	moval	ai e
3	еш	de
드	6	E
1	72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	the
9	mal	4
Ě	C	Ne.
8	Jual	2
and	0	nat
Cian	100	3
S	0	7
g	Dien	\$
ipus Sugar	Ť	50
atte	emtal	ž
Ē	ž	를
9	and	my
gae	ealth	90
SU	T H	30
ě	2	38
nas	å	1 2
care	State	iten
500	he	0
S	#	ed,
E	4	ark
ATTE	deat	E
5	fter	8
5	IS a	m 2
Ē	2	ite
F	2	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT

31. DATE FILED (Month, Day, 1992)
31. DATE FILED (Month, Day, 1992)
32. REGISTRAR'S SI
OCT 2.7 1992

Julia Davidson

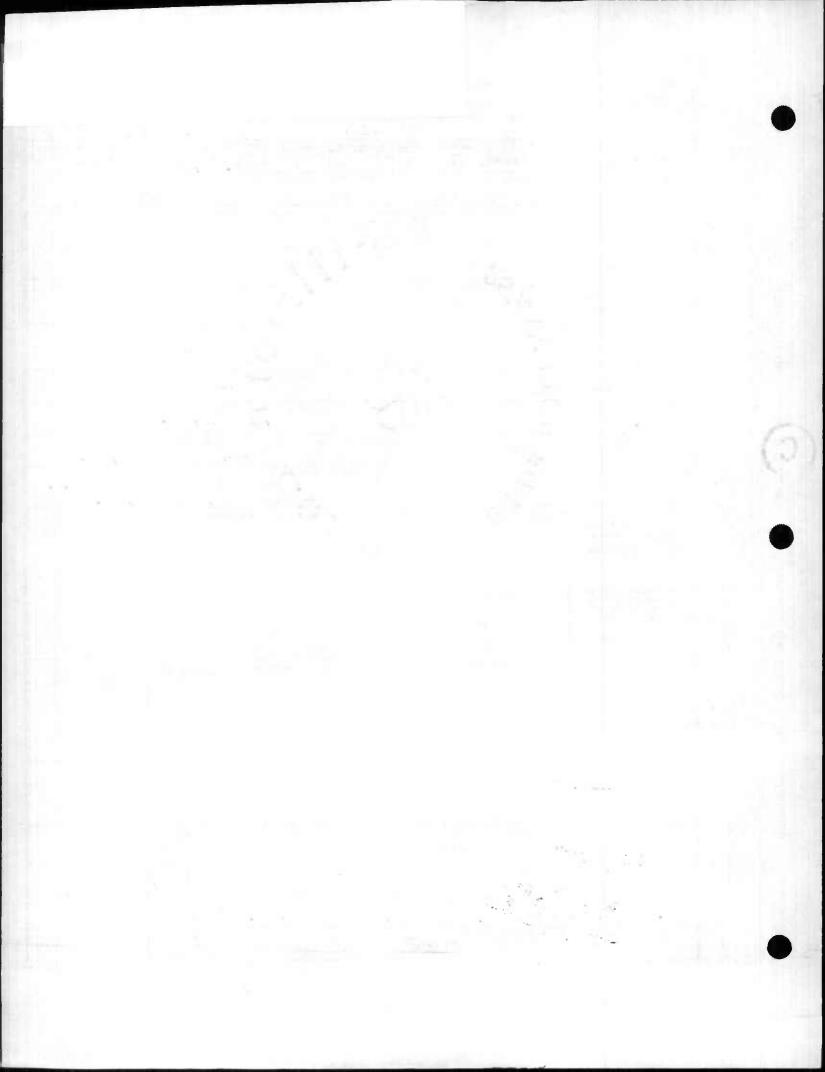
Julia Davidson-Randole

	FOR STATE REGISTRAR	STATE OF MARYLANI) / DEPART	MENT OF H	IEALTH AND DEATH	MENTAL HYGIEN		2 31827		
	1. DECEDENT'S NAME (First, Middle, Lest) Curtis William	Blake Sr.				2. DATE OF OEATH 10-23-19	92	3. TIME OF OEATH		
	213-24-1939	X M2□F 78	YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-25-19		B. BIRTHPLACE (State or Foreign Country) Maryland		
TOR	90. FACILITY NAME (If not institution, give street 901 Wes t Road RESIDENCE OF DECEDENT	and number)		Sali:	Bbury	BEATN		omico		
DIRECTOR	Maryland Wicom	ico		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	901 West Rd.				21801		EN OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, sp	ENDENT OF NISPA ecify Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	or No—	4. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. OECEOENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	poleted) college (1-4 or 5+)	DECEOENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION of done during mo retired.)	DN st of working	None	SINESS/INDU			
	17. FATHER'S NAME (First, Middle, Lost) Ernest Blake		20020	ota I		AME (First, Middle, Maiden Parson	Surname)			
TO BE	19e. INFORMANT'S NAME (Type/Print) Mabel Blake				nd Number or Rural	Acute Number, City or Town		Code)		
	20a, METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State 20b. PLA cometery.		DISPOSITION (Na			CATION - CI	ty or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENS ### ### ### ### ### ### ############	Stewar		22. NAME AN	ID ADDRESS OF FA	KCILITY	821 1	West Rd.		
z	23. PART i. Enter the disease, or comshock, or hear failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused that only one cause on each	death. Do no	t anter tha mo	de of dying, suc	that file	ratory arres	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CON	u K	etasta	· ·	Sallie	NAVI-			
PHYSICIAN: MEDICAL	PART ii. Other aignificant conditions co	ontributing to death but no	ot reaulting in	the underlying) ceuse given in	Part I. 24s. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
BY PH	27. MANNER OF CEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year)	28b. TIME	M 1 Y	RK? ES 2 ND	28d. DESCRIBE NOW IN	JURY OCCU	BIRTNPLACE (State or Foreign Country) BIRTNPLACE (State or Foreign Country) ATY Land OF DEATH MICO 10d. INSIDE CITY LIMITS? 1		
	3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF INJURY — At building, stc. (Specify)				28f. LOCATION (Street a City or Town, State)				
COMPLETED		To the best of my knowledge, the basis of exemination and/						cause(a) and menner as stated.		
D BE	296. SIGNATURE AND TITLE OF CERTIFIER	Drw m			29c. LICENSE NUI D 1519		29d. DATE 5	BIGNEO (Mopth, Day, Year)		

BALTIMORE MARYLAND 21215-0020

1 -

	404-24-7543	last birthday)	MONTHS DAYS HOURS MIN. (M					7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign			
	9s. FACILITY NAME (If not inst	titution, also e	1 X M 2 F	67	YRS.	9h CITY 1	TOWN O	R LOCATION	05.05		15,1		Kent	tucky
СТОВ	FAHSTON &			SPITAL				LLSTO						TORS
DIRE	Maryland	10b. COUNTY	arford			r, town on		ION						LIMITS?
FERAL	100. STREET AND NUMBER 2204 CONOWIN	igo Ro	ad				101	21015	5	109. CITIZEN USA				AT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 \(\overline{\text{V}} \) N 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	11	yes, spe	ENDENT OF Height Cuban, R	Aexicar	, Puerto A		s or No—	14. RACE — Black, V Specify: Whit	American Indian, White, etc.
COMPLETED	15. DECEI (Specify only in Elementary/Secondary (0-1	- T		+)	(Give kind of Itte. Do NOT u		ring mo	on st of working irect	ora			siness/indi		t
ш	17. FATHER'S NAME (First, Mid-	18. MOTHER'S NAME (Prst. Middle, Melden Sumeme) Angeline — Bentley												
TO B	19a. INFORMANT'S NAME (TyperPrint) Anna M. Bentley 19b. Making Address (Street and Number or Fural Route Number, City or Town, Stelle, Zip Code) 2204 Conowingo Road, Bel Air, Md. 21015													
	206. METHOD OF DISPOSITION 10 Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelegy, crematory or other place) Bel Air Memorial Gardens 11-6-92 Bel Air, M													
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE DA	TME	54	Ho	war	d K. I	McC	omas	III I	Funera	al Ho	me, P.A. d. 21009
RTIFICATION			DUE TO	(OR AS A CONS	SEQUENCE O	P):	74							
ERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	late IG	DUE TO	(OR AS A CONS	EQUENCE O	P):								
MEDICAL CERTIFICATION	if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	late IG	DUE TO	(OR AS A CONS	SEQUENCE O	en:	erlying	g cause give	en in I	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	AN CC	MILABLE PRIOR TO
: MEDICAL	if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	t condition	DUE TO	(OR AS A CONS	SECURICE O	in the und		g cause give		_	PERFOR	RMED?	AN CC	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
: MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	t condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONSIDER OF THE CONS	BEOUTHEE O	ormer:	26. PL	ACE OF DEAT	H (Che	ck only one	PERFOR	RMED?	AV CC OI	OMPLETION OF CAUS F DEATH?
PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injur) that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P	t condition MEDICAL	DUE TO	(OR AS A CONS death but no	SECURICE O	ormer:	26. PL. ig Home 8c. INJI	ACE OF DEAT	H (Che	ck only one	PERFOR	RMED?	AV CC OI	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
D BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injur) that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 PART II. Natural 5 PART III. Solicide 8 Cc.	t condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS death but no	SECURICE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH	OTHER: OTHER: Use of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	26. PL ig Home isc. INJI ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig Home ig	ACE OF DEAT 5	H (Che	ck only one 5 Other 28d. OESC	PERFOR	NJURY OCCI	AV CC OI 1	MILABLE PRIOR TO MPLETION DF CAUS F DEATH? YES 2 NO
D BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Particular Significant 3 Suicide 8 Cartification of Check only 1 CERTIFICATION CANDING.	t condition MEDICAL ending westigstion outding the termined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the retermined the	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS (OR AS A CONS death but no ER/Outpetient injury ey, Year) F Injury — At atc. (Specify) my knowledge,	Tresulting 3 DOA 280. Till IN.	OTHER: 4 Nursir	26. PL ig Home 8c. INJI WOI 1 Y y, office e, dats	ACE OF DEAT 5 Reside 10	H (Che	28d. OES4 28f. LOCA City o	PERFOR 1 VES 2 (Specify) RIBE HOW I TION (Street Town, State)	NJURY OCCI	AN CCOOL 1	MILABLE PRIOR TO MILABLE PRIOR TO CAUSE O YES 2 NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Particular Significant 3 Suicide 8 Cartification of Check only 1 CERTIFICATION CANDING.	t condition MEDICAL ending westigation ould not be retermined	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS (OR AS A CONS death but no ER/Outpetient injury ey, Year) F Injury — At atc. (Specify) my knowledge,	Tresulting 3 DOA 280. Till IN.	OTHER: 4 Nursir	26. PL ig Home 8c. INJI WOI 1 Y y, office e, dats	ACE OF DEAT 5 Reside URY AT RK? ES 2 N and place, an eath occured a	H (Che	28f. LOCA City o	PERFOR 1 VES 2 (Specify) RIBE HOW I TION (Street Town, State)	NJURY Occi	URED DOT Flural Flout d. Couse(s) sr	MILABLE PRIOR TO MILABLE PRIOR TO CAUSE O YES 2 NO NO NO NO NO NO NO NO NO NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pt 2 Accident Immail Society Accident Immail Society Check only one) 2 MEDIC. 296. SIGNATURE AND TITLE O	t condition MEDICAL anding westigation ould not be permined FYING PHYSIC AL EXAMINES	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO S. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSIDER OF DEATH (IT	SECURICE OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF THE SECURITY OF TH	OTHER: 4 Nursin BE OF JURY M street, factor and at the tim on, in my opi	26. PL 26. PL WOI 1 Y, office	ACE OF DEAT 5 Reside URY AT RK? ES 2 N and place, an eath occured a 29c. LICENSE	o d due i it the i	28f. LOCA City o	PERFOR 1 VES 2 (Specify) RIBE HOW I TION (Street Town, State)	NJURY Occi	URED DOT Flural Flout d. Couse(s) sr	MILABLE PRIOR TO DIMPLETION DF CAUSE POEATH? YES 2 NO No Number,



_	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	_		3. 1	TIME OF DEATH
1	MARY E.	BRANT				10-30	0-199	2	1	1:10 A. M
	4. SOCIAL SECURITY NUMBER	. //	GE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH W. Waar)	8. E	SIRTHPLA	CE (State or Foreign
	220-03-3335	1 - M 2 XE	73 YRS.	MONTHS DAYS	HOURS MIN,	3-16	3-16-1919 MD			
~	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	1
Ö	MEMORIAL HOSPI	TAL		CUMBE	RLAND	ALLEGANY				1X
DIRECTOR	10e. STATE 10b. COUNT	TY	10c CI	TY, TOWN OR LOCA	TION					
E	MD A1	legany		Cumberlan		1.22			LIMITS?	
	10e. STREET AND NUMBER			10		10g. CITIZEN OF WHAT O			YES 2 ND	
EB	30 Potomac Str	reet			21502			USA		CDUNTRY?
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT SVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN2 (S	nacihi Yaa			American Indian,
	1 Never Merried 2 Married	FORCES? 1 V	ES 2X NO	It yes, sp	ecify Cuben, Mexice	m, Puerto Ricai	n, etc.)		Black, Wh	ifte, etc.
ВУ	3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR DR DATES 1 ☐ YES 2 🔀 NO Specify:								specity:	hite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON ast of working	16b. KIN	D OF BUS	INESS/INDUST		
9	Elementary/Secondery (0-12)	College (1-4 or 5+)		work done during mo se retired.)						
M M	unknown		Iorme	er emplo	yee		C &	P Tele	phon	е
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
BE	Bertie Andre	w Brant						erine W		ird
2	Mrs. Gerville	December 4			and Number or Rural I					
	20e. METHOD OF DISPOSITION				treet Cur					
	1 X Buriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	206. PLACE AND DATE cemelery, cremetory or o HIIIC CEST	OF DISPOSITION (Na ther placa)	11-2		ATION — City			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	niiiciest		PALK O ADDRESS OF FA		Cumberland, MD			MD
	D 1	7 010	.11.		rpelli Fi		Home	2		
	James -	+ Xican	RULL	Cuml	perland.	MD 21	502			
i	23. PART . Enter the diseases, of shock, or heart failure.	Complications that cause or	d the death. Do reach line.	not anter tha mo	de of dying, suci	h as cardiac	or reapir	atory arrest,		Approximate
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death
	reaulting in death)	0	oscleroti		Disease				1	
_		DUE TO (OR A	S A CONSEQUENCE D	F):						
CERTIFICATION	Sequentially list conditions,	bOUE TO (DR A	S A CONSEDUENCE DI	Pi-						
¥ I	if any, leading to immediate csuse. Enter UNDERLYING			,					i	
Ē	CAUSE (Disease or Injury that Initiated events	OUE TO (DR A	S A CONSEDUENCE OF	F):						-
E	resulting in death) LAST	d								
	PART II. Other algnificant condition	as contributing to death	but not annual and							
EDICAL	Carcinoma of 1		out not reauting i	in the underlying	g cause givan in	Part I. 24a	PERFOR		AWAR	E AUTOPSY FINDINGS LABLE PRIOR TO
	COLONIAL OF I	CIC DICASC				10	YES 2	Xwo		PLETION DF CAUSE DEATH?
Σ						_		,	1 🔲	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
ত 당	EXAMINER?	HOSPITAL		OTHER:	ACE OF DEATH (Che					
¥	27. MANNER OF DEATH	1 Inpetient ER/O	utpetient 3 DOA		5 Residence					
	Natural 5 Pending	(Month, Day, Year		URY WO	RK?	26d. DESCRIE	E HOW IN	JURY OCCURE)	
À	2 Accident Investigation 3 Suicide a Could and by	26e, PLACE DE INJU	RY — At home ferm s		ES 2 ND	201 1 0017101	1.0			
3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 6. Specify) 26e. PLACE DF INJURY — At home, ferm, street, tactory, offica building, etc. (Specify) 26f. LOCATION (Street end Number or Rural Route in City or Town, State)									Number,	
28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
Ř	The control of the cause (e) and manner as stated. Compared to the cause (e) and manner as stated. Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the cause (e) and manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause (e) and manner as stated.									
	294 SIGNATURE AND THE OF CERTIFIE		- Interesting	n, in my opinion, or			place, end	due to the ceu	ae(a) end	manner es stated.
8			ty Med H	ex.	D09157	BER		29d. DATE SIGN		
2	30. NAME AND ADDRESS OF PERSON WH		100		207131			10.	-30-	74
	Dr. Paul Snow,	Dpty. Med.	Ex.; 124	W. Third	Street.	Cumbe	rlan	d. Mo	2150	
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ONATURE		3 - 2000/	- Cario C		w, 110 2	-1304	
	NOV 0 2 1992 July	a Pavidson-Ran	delle							í

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2-1000rs after death. Page 6 may be removed by the compilal or attending physic	nours after death. Page 6 may be remort by the compital or attending physic
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 metro-continued for use as the burial.	filled in by the funeral director, page 5 mest performed for use as the burial-
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	on, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ne medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	0	F DEAT	TH		REG. NO.

•	FOR STATE REGISTRAR	TATE OF MARYLA			F HEALTH AND		HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	w	3. TIME OF DEATH	
	Henry Clevela	and Batchel	or			Nov	. 3,19	992 "	6;30 am M	
			n yrs. last birthday)	IF UNDER 1 Y		7. OATE OF (Month, D		8.	BIRTHPLACE (State or Foreign Country)	
	220 28 1380	XM2□F	61 YRS.	MONTHS	AYS HOURS MIN.	1-4-3	1-4-31 Maryland			
	9a. FACILITY NAME (If not institution, give street a	and number)		9b. CITY, T	OWN OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
5	Twin Cove Road			Dowe	11			Calve	ert	
5	RESIDENCE OF DECEDENT									
DIRECTOR	10s. STATE 10b. COUNTY			Y, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland Calvert	;	יסע	7e11	T				1 TYES 2 NO	
₹	10e. STREET AND NUMBER				101. ZIP CODE				OF WHAT COUNTRY?	
FUNERAL	Twin Cove Road			T	20629			USA	2405	
5	1 Name Married 23 Married	WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	H y	S DECENDENT OF HISPA es, specify Cuban, Mexico	an, Puerto Ric		or No 14	. RACE — American Indian, Black, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ean	10	YES 2 NO Speci	fy:			Specify: white	
	15. OECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCC	UPATION	16b. K	IND OF BUSI	NESS/INDUS	TRY	
	(Specify only highest grade comp Elamentary/Secondary (0-12) Co	pleted) ollege (1-4 or 5+)	(Give kind of life. Do NOT u	work done dui se retired.)	ing most of working					
7	12		Marine	Polic	е		Law	Enfor	cement	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Mid	ldie, Maiden S	iurnama)		
C	George Edward Batch	nelor			Louis	e V. E	11iot	t		
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Street and Number or Rural	Route Number	City or Town,	State, Zip Co	ode)	
2	Annie E. Batchelor		same	as #1	0					
	20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Ramoval		other place)	SITION (Name	of cemetery, cremetory or				y or Town, Stata	
	4 Donation 5 Other (Specify)	St	. Paul t	J.M.C.	Cemetery		Lus	by Ma	ryland	
	21. SIGNATURE OF PUBLEAU SERVICE LICENS	SEE V		22. N/	ME AND ADDRESS OF F	ACILITY	Rau	sch F	uneral Home	
	Hour	10		440	5 Broomes	Is. Rd	l. Por	t Rep	ublic Md.	
	23. PART I. Enter the disesses, or com			not enter ti	ne mode of dying, su	ch se cardie	c or reapir	atory errea		
	shock, or heart failure. List IMMEDIATE CAUSE (Finel	only one cause on e	ach line.						Interval Between Onset end Desth	
	disease or condition	COMPLICA OUE TO (OR AS A	ا من الم	ME !	VON- HOOD	CLIN	5/2	1001	4000	
	resulting in death) s	OUE TO (OR AS A	CONSEQUENCE	OF):	700	Z ()		V	, ,	
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE	OF):						
3	cause. Enter UNDERLYING CAUSE (Disesse or Injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF):						
HH	d								1	
	PART II. Other significant conditions co	ontributing to death b	out not resulting	in the und	erlying cause given in	n Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDICA	CORORARA AN	rout Dist	ש בדיר				PERFOR		COMPLETION OF CAUSE	
B	CHRONIC RU	FARM F	Ali was	/					OF DEATH?	
≥										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C	theck only one)			•	
Sic		OSPITAL:	patient 3 DOA	OTHER:	ng Home 5 Tesidence	6 Other	(Specify)			
Ϋ́	27. MANNER OF DEATH	26a. OATE OF INJURY (Month, Day, Year)	26b. Ti	ME OF	ISC. INJURY AT WORK?	28d. DE\$C	RIBE HOW IP	NJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(1,5,5,7,5,7,5,7,5,7,5,7,5,7,5,7,5,7,5,7,		М	1 YES 2 NO					
1	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spe		, street, facto	ry, office		TION (Street a Town, State)	nd Number or	r Flural Floute Number,	
12	4 Homicide determined									
COMPLETED	29a. CERTIFIER 1 DERTIFYING PHYSICIAL	N: To the best of my know	viedge, death occu	rred at the tin	ne, date and place, and de	ue to the caus	e(a) and man	mer as stated	f.	
MO	anal .	On the basis of examination	on and/or investigat	ion, in my op	inion, death occured at th	he time, data s	and place, an	d due to the	cause(a) and manner as stated.	
E C	29b. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE N	UMBER		29d. DATE	SIGNED, (Month, Day, Year)	
0	(bh He	igel m			72	635	ا لا	1	1/3/92	
5	30. NAME AND ADDRESS OF PERSON WHO O	OMPLETEO CAUSE OF DE	EATH (ITEM 27) (7)	oe, Print)	0.		_	,	1	
11	138 AN 14	MATER,	La	- 1	PRINCE	FRE	DE/Z	CK	10.20676	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE					/	- 7	
	NOV - 4 1992	Lulia Davids	Handel	-						

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF C										3. TIME OF DEATH					
	Bett	y Car	ole Bur	ger						October :		YEAR 992	1715 *		
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDE	t YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	۵, .		IPLACE (State or Foreign		
	216 40 5932		1 🗆 M 2 📉 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 2-14-43		Count	y)		
	9e. FACILITY NAME (If not in		treet and number)			9b. CITY	TOWN (OR LOCATI	ON OF DE		I an cou	Wash	nington, D.C.		
œ											Harman Har				
8	Calvert Mem	CEDENT	Hospital		-	Pr	ince	Fre	deri	CK	Ca	lver	t		
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CI1	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	MD		Calver	t	I	Dunkirk							LIMITS? 1 YES 2 X NO		
A	10e. STREET AND NUMBER						10	r. ZIP COD	E .		10g. CITIZEN OF WHAT				
FUNERAL	3408 Lyons	Creek	Rd.					2.	0754						
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT D	F HISPAN	IC ORIGIN? (Specify Yes	USA ORIGIN? (Specify Yes or No.— 14. RACE — A				
	1 Never Merried 2 💢			YES 2			If yes, sp	ecify Cuba 2 X NO	n, Mexicer	, Puerto Rican, etc.)		Black Speci	r, While, etc.		
В	3 Widowed 4 Dive	orced						- 24	Open,			apeci	White		
COMPLETED	15. DEC (Specify onl)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
91	Elementary/Secondary (0-12) College (1-4 or 5+) 12 College (1-4 or 5+) Secretary local government														
₽									nt						
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)							AE (First, Middle, Malden	Surname)						
BE	Luther	Edwar	d Whitti	ngton				Mar	gare	t Eloise T	urne	r			
2	19a. INFORMANT'S NAME (7	Type/Print)			19b, MAILING	ADDRES	S (Street a	nd Number	or Rural R	oute Number, City or Tow	n, State, Zip	Code)			
	Thomas Mat		urger		3817	26th	Str	eet	Ches	apeake Bea	ch,	MD 2	0732		
	20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 ☐ Crematic 4 ☐ Donation 5 ☑ Other	ION on 3 🗆 Reme	oyal from Stale	cemetery	CEAND DATE	ther niere)				OATE 20c. LO					
				Sout	hern M	emor	ial G			0-28-92 Du	nkir	k, M	D 20754		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME A	ND ADDRES	SS OF FAC	HITY					
	Willian	mt	Tross			Ra	usch	Fun	eral	Home, P.A	., 0	wing	s, MD20736		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Fir		LIST Only one cat							1			Interval Between Onset and Death		
	disease or condition	→	. (91	reil	non	ne		4.	Brean	1-		0.000.000		
	recuting in death)	,	DUE TO	(OR AS A CON	SEOUENCE O	F):		1 34	_	Bres.					
Z			b				(1171	~	nots	,				
CERTIFICATION	Sequantially list conditi If any, leeding to imme	diata	DUE TO	(OR AS A CON	SEQUENCE D	F):									
2	cause. Enter UNDERLY! CAUSE (Disease or Inju				<u></u>										
Ë	that initisted events resulting in death) LAS	T	DUE TO	(DR AS A CON	SEOUENCE O	F):									
5			1												
	PART II. Other significa	nt condition	a contributing to	death but no	ot resulting	in the ur	derlylng	ceuse g	lven in F	Part I. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
2										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
									-	1 YES 2	□ NO		OF DEATH?		
3										_			1 YES 2 NO		
¥	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF D	FATH (Cho	ck only one)					
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:	FR/Outputlent	3 □ 004	OTHER	R:								
Ĭ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM		28c. INJ		-	28d. OEŞCRIBE HOW II	LIURY OC	CHRED			
- 14		Pending Investigation	(Month, D	ay, Year)	INJ	URY	WO	RK?				001125			
À A	2 C Pulate	Could not be	28e. PLACE O	F INJURY — At	home, larm,	rireet, fact				281. LOCATION (Street a	nd Number	or Rural A	oute Number.		
윤		determined	bunding,	etc. (Specify)						City or Town, State)					
29e. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										and manner as stated					
- 11	29h SIGNATURE AND TITLE OF CERTIFIER														
8	000 - 01-	11	mo	4	- 11	5)		7)~	23	345	29d, DAT	E SIGNEO	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALIF	SE OF DEATH "	TEM 27) (Time	Print)				,		-/	-8710		
	31. DATE FILED (Month, Day,	Ybar)	p 32. REGISTRA	R'S SIGNATURI	. 90	-	-								
1	31. DATE FILED (Month, Day, OCT 3 ()	1992	Julia David	son-Mano											

ald be detached for use as the burial-transit permit. Pages 1, 2, 3 should d by the hospital or attending physician.

ARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page machine that the forest of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the BALTIM

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR
١ .	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
	EVELYN MONA BEAVER 10 26 1992 18:15 P									
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign									
	218 12 5260 1 - M 2 M F 69 YRS. MONTHS DAYS HOURS MIN. A (MONTHS SEP) 1923 COUNTYW. VA.									
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEDENT									
2	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
	MARYLAND ALLEGANY CUMBERLAND 1 N YES 2 □ NO									
FUNERAL	100. STREET AND NUMBER 124 BEDFORD STREET 101. ZIP CODE 21502 109. CITIZEN OF WHAT COUNTRY? U.S.A.									
5	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc. 14. RACE — American Indian, Black, White, etc.									
B	1 Never Married 2 Married 5 Never Married 2 Married 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO Specify: 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO Specify: WHITE									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/INDUSTRY									
91	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) [College (1-4 or 5+)] (Give kind of work done during most of working life. Do NOT use retired.)									
MP	12 COOK COOK AT NURSING HOME									
8	17. FATHER'S NAME (First, Middle, Last) FRED A. HILLEBRECHT 18. MOTHER'S NAME (First, Middle, Maiden Surname) SOPHIE MILLER									
BE										
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Humber or Flural Route Number, City or Town, State, Zip Code)									
	RRENDA SHE LIGHT 124 BEDFORD STREET CUMBERLAND, MARYLAND 21502									
	1. Buriel 2 Cremation 3 Removal from State cametery, crematory or other place)									
	SUNSET MEMORIAL OCTOBER 29 1992 CUMBERLAND, MARYLAND 21. SIGNATURE OF FUNCTION SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
	MERRITT-ADAMS FUNERAL HOME									
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	anock, or heart failure. List only one cause on each line.									
	disease or condition eleganoriscular accordent 1714									
	a. DUE TO (9R AS A CONSEQUENCE OF):									
z	. atheroscleratic ordering lestered years									
유	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
H	d									
	PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS									
DICAL	Described PRIOR TO COMPLETION OF CAUSE									
	5/P Covering Bypan grep									
2	5/ Pawnutation Letter									
X I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
Sign	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)									
PHYSICIAN: M	27. MANNER OF OEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO									
<u>A</u>	Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO									
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town State)									
2	4 Homicide determined									
2	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
Ш	29b. SIGNATURE AND TUPCE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									
<u>م</u> ا	DU7135 WX >10-27-92									
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)									
	DR. VICTOR E. MAZZOCCO, M.D., B.M.G., 912 SETON DRIVE, CUMBERLAND, MD 21502									
	31 DATE FILED (Month One Wast) 32 DECISETRAD'S SIGNATURE									
	OCT 29 1992 fulia Navidson Pandese									

durettor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hore 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours during the may be retained by the attending physician and completely filled. By the filling physician and completely filled by the attending physician and completely filled by the filling steer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or the completely steer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or the marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(12

BALTIMORE, MARYLAND 21215-00	1.24 nours after death. Page 6 may be retained by the hospital or attending	y filled in by the funeral director, page 5 should be detached for use as the tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				IENE . NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				BEATTI	2. DATE OF DEA			3. TIME OF DEATH		
- 1	Harold F. Campbell					October	DAY	PAAY COO			
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (II	7. DATE OF BIRT	Н		12:50 PM					
	579-14-4850	∑ M 2 □ F	77 YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day, Y		Count	(γ)		
1	9a. FACILITY NAME (If not institution, give street	t end number)		b. CITY, TOWN (OR LOCATION OF D	Sept.8,		NTY OF D	sylvania		
DIRECTOR	5515 Southwick Str				thesda				omery		
JE C	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY		
5	Maryland Mon	ntgomery		Ret	hesda				LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?		
ER	5515 Southwick St	reet			208	17	Uni	50+	States		
FUNERAL		2. WAS DECEDENT EVER IN		13. WAS DEC	ENGENT OF HISPA	NIC ORIGIN? (Spec	fy Yes or No-	14. RAC	E — American Indian.		
	1 Never Married 2 Merried	FORCES? 1 X YES		If yes, sp	2 NO Specific	an, Puerto Rican, et	c.)	Blac	k, White, etc.		
В	3 Widowed 4 Divorced		WWII		a (M) tree open	,		Spac	White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION moletecti	16a. DECEDENT'S US			16b. KIND C	F BUSINESS/INI	DUSTRY			
<u>-</u>		College (1-4 or 5+)	life. Do NOT use re	etired.)	at or working						
4	12		Sheet Me	tal Wor	ker	S	heet Me	tal			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, A	laiden Surname)				
BE (Patrick Campbell	<u> </u>			Cather	cine Wen	tz				
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zij	Code)			
9	Judy Lee Campbell		5515 Sc	outhwic	k Street	Bethes	da, Mar	ylan	d 20817		
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF	DISPOSITION (Na			c. LOCATION -				
	1 🔀 Burisi 2 🗆 Cremation 3 🗆 Remova 4 🗆 Donation 5 🗆 Other (Specify)	Ga.	tery, crematory or other te of Hea	ven Cei	netery 1	1/2/92 5	ilver 9	Sprii	ng, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AI	ID ADDRESS OF FA	CILITY Robe	rt A. P	umph	rev Funeral		
	· Will En	July 1	100672	Home/E Wiscor 3501	ethesda- sin Aver	Chevy C	hase, I	Mary	rey Funeral 1557 1and 20814-		
	23. PART I. Enter the diseases, or comshock, or heart failure. Lis	plicatione that caused	tha death. Do not	anter tha mo	de of dying, suc	h ss cardiac or	respiratory ar	rest,	Approximate		
	IMMEDIATE CAUSE (Final	tomy one cease on ee	CIT III)e.						Onset and Death		
	disease or condition resulting in death)	Congestive	Heart Fa	ilure					5 Years		
	a	DUE TO (OR AS A	CONSEQUENCE OF):								
z		Coronary Artery Disease 5 Years									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Entar UNDERLYING CAUSE (Disease or injury	cause. Enter UNDERLYING									
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in death) LAST								}		
	PART il. Other significant conditions o	contributing to death by	it mot moultime in a	the conductor		Provide Lawrence					
SAL	Train in evice significant devictions	ontributing to death bu	it not resulting in t	na underlyini	g cause given in		AS AN AUTOPSY ERFORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1 B Y	ES 2 🕅 NO		COMPLETION OF CAUSE OF DEATH?		
Σ									1 - YES 2 - NO		
ž											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C/	eck only one)					
LS!		☐ inpatient 2 ☐ ER/Outpa		THER: Nursing Hom	e 5X Residence	6 Other (Specify	1)				
E	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ	URY AT RK?	28d. DESCRIBE	IOW INJURY OC	CURED			
BY	1 Netural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,			ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specia	At home, ferm, stree	et, factory, offic		28f, LOCATION (S		or Rurel I	Route Number,		
쁘	4 Homicide determined	bending, etc. Opeca	y)			City or Town,	State)				
ا ڌ	29a. CERTIFIER (Check only	N: To the best of my knowle	dre death occurred a	t the time date	and alone and du		January Control				
COMPLETED	(Check only one) 2 MEDICAL EXAMINED:								and manner se stated		
	29b. SIGNATURE AND TITLE OF CERTIFICAL	/	3	,							
B	18 miles 1/19	L YMM	8		D25901				(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMDI ETED CAUSE OF ST	TH OTEN AD -		D25892		UC	tope	r 30, 1992		
	Lewis C. Lipson, M.				#505 Che	evy Chase	e, Marv	land	20815		
	31. DATE FILED (Month, Dey, Year) NOV 01 '92	32. REGISTRAR'S SIGNA	TURE				1				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENC

				CERT		ATE O	F DEATH		REG. NO.	_		
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF	F DEATH DA		W	3. TIME OF DEATH
M	lary	He	len		Cas	еу		Oct.	2		1992	11:20 A. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthde		UNDER 1 YEAR		7. DATE OF	BIRTH Day, Year)		8. BIRTH	IPLACE (State or Foreign
470-40-8770)	1 🗌 M 2 🔀 F		52 YRS	3.	NTHS DAYS	HOURS MIN.	June		940		nesota
9a. FACILITY NAME (If not in	etitution, give s	treet and number)			9b	CITY, TOW	OR LOCATION OF DE				INTY OF D	
8902 16th S						Silve	r Spring			Mor	ntgor	nery
10a. STATE	10b. COUNTY	1		10c.	CITY, T	OWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland	Monto	omery		S.	ilv	er Sp	ring					1 X YES 2 NO
8902 16th	Street						101. ZIP CODE 20910					States
11. MARITAL STATUS	00100	12. WAS DECEDEN				13, WAS D	ECENDENT OF HISPAN	IIC ORIGIN?	Specify Yes			
1 🔀 Never Married 2 🗌 3 🗌 Widowed 4 🗌 Divo		FORCES? 1 IF YES, GIVE W				If yes,	specify Cuben, Mexica ES 2 NO Specify	n, Puerto Ric			Spec	E — American Indian, k, White, etc. #V: LTC
15. DEC	EDENT'S EDU	CATION	T	16a. DECEDEN	T'S US	IAL OCCUPA	TION	16b. K	IND OF BUS	SINESS/IN		
Elementary/Secondary (0		College (1-4 or 5+	,	life. Do NO	of work Tuse re	done during tired.)	most of working					
		8		Frenc	h I	nstru	ctor		Colle	ege		
17. FATHER'S NAME (First, MI	iddle, Last)						18. MOTHER'S NA	ME (First, Mid	idle, Maiden	Surname)		
Leo Hen		Casey					Julia					
19a. INFORMANT'S NAME (7)	i/pe/Print)						t and Number or Rural I					
	sey			419	Ea	st H	ague Roa	id, E	l Pa	so,	Tex	as 79902
20s. METHOD OF DISPOSITI 1	n 3 🗆 Reme	oval from State	20b.1	PLACE AND DA	or other	ISPOSITION	Name of atory	DATE			City or To	
21. SIGNATURE OF PUNERAL		ENSEE		300100	211		AND ADDRESS OF FA	10-2	1 51	Lver	Spr	ing. MD
1 to	m	Lee	- N	100363		Pann	Funeral	Servic	sec P			ist Avenue er Spring,MD
23. PART I. Enter the di	seases, or c	omplications that	caused	the deeth. D	o not	enter the r	node of dving. suci	h as cardia	c or respi	ratory ar	Test.	Approximate
shock, or he IMMEDIATE CAUSE (Fin	Bart fallure.	List only one cau	se on eac	ch lina.			Carlo State of Children				5457	Interval Between Onset and Death
disease or condition	-	Mol	1. L	ati	1	1.101	I'me So	2//10	MA (1			Oliset and Death
resulting in death)			$\sqrt{1}$	MIL		170	1116 70	LI CO	14 6			10 A A A A A
DUE TO (OR AS A CONSEQUENCE OF):										O Wound		
		DUE TO	(OR AS A	CONSEQUENCE	OF):							1 STRONING
Sequentially list conditi		b		CONSEQUENCE								1 A Monte S
	diete NG	DUE TO	OR AS A	CONSEQUENCE	OF):							S MONTS
if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju- that initiated events	diete NG ry	DUE TO	OR AS A		OF):							
if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju	diete NG ry	DUE TO	OR AS A	CONSEQUENCE	OF):							- A Warry
if any, leading to immediately cause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS:	diete NG ry	DUE TO	(OR AS A (CONSEQUENCE	OF):	na Underly	ing couse given in	Part I. 2	4a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju- that initiated events	diete NG ry	DUE TO	(OR AS A (CONSEQUENCE	OF):	na Underly	ing ceuse given in		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediately cause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS:	diete NG ry	DUE TO	(OR AS A (CONSEQUENCE	OF):	na Underly	ing ceuse given in			MED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediately cause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS:	diete NG ry	DUE TO	(OR AS A (CONSEQUENCE	OF):	na underly	ing ceuse given in		PERFOR	MED?	24b	AMJUABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events resulting in death) LAS: PART II. Other significe. 25. WAS CASE REFERRED TO	nt condition	DUE TO	(OR AS A (CONSEQUENCE	OF):		ing couse given in	_ '	PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	nt condition	DUE TO	(OR AS A (CONSEQUENCE	OF):	26. THER:	PLACE OF DEATH (Ch	nck only one)	PERFOR	MED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS: PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	nt condition	DUE TO DUE TO S contributing to	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR	CONSEQUENCE CONSEQUENCE It not resultin	OF):	26.		nck only one)	PERFOR YES 2	MED? X NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate and the cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	nt condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR	CONSEQUENCE t not resultin tlent 3 DOA	OF):	26. M	PLACE OF DEATH (Chrome 5X) Residence NJURY AT VORK? YES 2 NO	ack only one) 6 Other (5	PERFOR YES 2	MED? X NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS' PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 1 3 Suicide 6 1	T T T T T T T T T T T T T T T T T T T	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR AS A GOR	t not resultin	OF):	26. M	PLACE OF DEATH (Chrome 5X) Residence NJURY AT VORK? YES 2 NO	1 dick only one) 6 dick only one) 28d. DESCR	PERFOR VES 2) Specify) NIBE HOW B	MED? X NO	CURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS' PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 1 3 Suicide 6 1 4 Homicide	nt condition D MEDICAL Pending investigation	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS	t not resultin	OF):	26. M	PLACE OF DEATH (Chrome 5X) Residence NJURY AT VORK? YES 2 NO	1 dick only one) 6 dick only one) 28d. DESCR	PERFOR VES 2) Specify) NIBE HOW II	MED? X NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO
If any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS' PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 6 4 Homicide 29s. CERTIFIER (Check only)	T Condition D MEDICAL Pending investigation Could not be determined	DUE TO DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS	t not resultin	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	26. I HER: Nursing Her 28c. I M 1 L t, factory, of	PLACE OF DEATH (Chrome 5 X) Residence NJURY AT VORK? YES 2 NO	1 1 28ck only one) 6 Other (\$28d. DESCR 28f. LOCATI City or	PERFOR YES 2 Specify) NIBE HOW III ON (Street is flown, State)	MED? NO NJURY OC and Number	CURED or Bural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO
If any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS' PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 6 4 Homicide 29s. CERTIFIER (Check only)	T Condition D MEDICAL Pending investigation Could not be determined	DUE TO DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE TO S. DUE	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS	t not resultin	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	26. I HER: Nursing Her 28c. I M 1 L t, factory, of	PLACE OF DEATH (Chrome 5 X) Residence NJURY AT VORK? YES 2 NO	1 1 28ck only one) 6 Other (\$28d. DESCR 28f. LOCATI City or	PERFOR YES 2 Specify) NIBE HOW III ON (Street is flown, State)	MED? NO NJURY OC and Number	CURED or Bural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO
If any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS' PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 6 4 Homicide 29s. CERTIFIER (Check only)	ont condition MEDICAL Pending investigation Could not be determined	DUE TO DUE TO DUE TO DUE TO A. B. Contributing to POSPITAL: Dispetient 2 28a. DATE OF (Month, Date) 28a. DATE OF (Month, Date) 28a. DATE OF (Month, Date) 28a. DATE OF (Month, Date)	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS	t not resultin	OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF): OF):	26. I HER: Nursing Her 28c. I M 1 L t, factory, of	PLACE OF DEATH (Chrome 5 X) Residence NJURY AT VORK? YES 2 NO	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFOR YES 2 Specify) NIBE HOW III ON (Street is flown, State)	NJURY OC	CURED or or flural finded.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO
If any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events resulting in death) LAS' PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1	nt condition D MEDICAL Pending meetigation Could not be determined IFYING PHYSIC CAL EXAMINE	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR	tient 3 DOA At home, farm	OF): OF): OF): OTIME OI NUTURY In, street	26. I M 1 t, factory, of	PLACE OF DEATH (Choome 5 X) Residence NJURY AT VORK? YES 2 NO fice Its and place, and due to death occurred at the	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFOR YES 2 Specify) NIBE HOW III ON (Street is flown, State)	NJURY OC	CURED or or flural finded.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO Route Number,
If any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 1 4 Homicide 29s. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	T T T T T T T T T T T T T T T T T T T	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR	t not resulting 28b. 1 At home, farmy) At home, farmy) TH (ITEM 27) (5)	OF): OF): OF): OF): OTIME OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI	26. I M 1 t, factory, of	PLACE OF DEATH (Choome 5 X) Residence NJURY AT VORK? YES 2 NO fice Its and place, and due to death occurred at the	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFOR YES 2 Specify) NIBE HOW III ON (Street is flown, State)	NJURY OC	CURED or or flural finded.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO Route Number,
If any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suicide 6 4 4 Homicide 29s. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	T T T T T T T T T T T T T T T T T T T	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR	t not resulting 28b. 1 At home, farmy) At home, farmy) TH (ITEM 27) (5)	OF): OF): OF): OF): OTIME OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI NUMBER OI	26. I M 1 t, factory, of	PLACE OF DEATH (Choome 5 X) Residence NJURY AT VORK? YES 2 NO fice Its and place, and due to death occurred at the	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFOR YES 2 Specify) NIBE HOW III ON (Street is flown, State)	NJURY OC	CURED or or flural finded.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

18816 co

at B

194.

	2
	24
60,	within
189	executed
\tilde{c}	90
.O. BC	certificate
S, P	death
	the
Ä	that
RECO	reduíres
TAL	The law
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
\leq	S
	HOSPITAL

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR		LAND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO.	E	
30	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH	YEA	3. TIME OF DEATH
Н	Calvin H. Calhoun 10							21 1:25 P.
8	522-56-2992	1 1 4 2 F	49 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 9-12-43	G	HITHPLACE (State or Foreign ountry) Missouri
TOR	Shady Grove A RESIDENCE OF DECEDENT				ille, I		Mon	tgomery
DIRECTOR	Maryland Mc	ntgomery		town or locat	ION			10d. INSIDE CITY LIMITS? 1 ST YES 2 NO
FUNERAL	9 Geldin	g Court		101	2083	2	*	J.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR			city Cuban, Mexic	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) ly:	1	RACE — American Indian, Black, White, etc.
LETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo. retired.)	st of working	166. KIND OF BUS		
를		2	Electro	nics T	echnic:	lah Sqi	dd Med	dical Sys.
COMPI	17. FATHER'S NAME (First, Middle, Last)	0-13				AME (First, Middle, Meiden	,	
BE	Charles H.	Calnoun				ired I. F		
2	190. INFORMANT'S NAME (Type/Print) Martha L. C	alhama				Route Number, City or Tow		,
						Olney, Ma		
	20a. METHOD DE-DISPOSITION 1 Burlel 2 @ Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of operatory, or principles of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th							ood, Marylan
	21. SIGNATURE OF FUNERAL SERVICE FLOCKSEE . 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home, New Hampshire Ave.Silver Sp. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,							
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OF AS A PONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other eignificant conditi	one contributing to death	but not resulting in	the Underlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YAO	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
¥	27. MANNER OF OEATH	28e. DATE OF INJURY	tpetient 3 DOA 28b. TIME			6 Other (Specify)	HITTI COCHEC	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	28d. DEŞCRIBE HOW II	NORT OCCURE	•
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				and Number or Ru	wal Route Number,
COMPLET		SICIAN: To the best of my knowner: NER: On the basis of examinati						se(e) end menner se stated,
TO BE	296. SIGNATURE AND TITLE DF CENTIF	clem pl			29c LICENSE NU	S45	29d. DATE SIG	NED (Morith, Day, Year)
	30. NAME AND ADDRESS OF PERSON V LUCHAR 31. DATE FILED (Month, DBy, Year)	SULKID &	LATH (ITEM 27) (Type, F	1 Prince	e Phily	i De Olne	eg ke	NED (Month, Day, Year) 2792 2292
	NOV 01 '92	Julie Berider	18.202				•	

-94

4.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notitled at once.

	1 - STATE REGISTRAR	STATE OF MA			NT OF H			ENTAL HYGIENI REG. NO.	Ε		
11	1. DECEDENT'S NAME (First, Middle, Last)	C Co			-		2. DATE OF DEATH		3. TIME OF DEATH		
	Emory	6 600	Emory G. Cooper					MONTH 10 = 22=92/3 () 301			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthd	ay) IF UN	DER 1 YEAR	IF UNDER 2	24 HRS. 7	Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)	
	220-34-8440	1 € M 2 □ F	53 YR	S. MORTE	TIS DAYS	HOURS			938	Maryland	
œ	Sa. FACILITY NAME (If not institution, give s			9b. C	HTY, TOWN			Н		TY OF DEATH	
5	Shady Grove Ad	ventist	Hosp.		Roc	kvil	le		Mon	tgomery	
DIRECTOR	10a. STATE 10b. COUNT	Y	10c.	CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY	
	Maryland Mont	gomery		Roc	kvil	le				LIMITS? 1 ☑ YES 2 ☐ NO	
¥	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL	221 Ashley	Ave				2085	0		U	.S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT E FORCES? 1	YES 2 NO					ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO	Specify:			Specify: Black	
8	15. DECEDENT'S EDU	CATION	16a. DECEDEN	T'S USUAL	L OCCUPATIO	N		16b. KIND OF BUS	INESS/INDU		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work do Tuee retire	ne during mo d.)	st of working	,				
MP	8th Grade		Tru	ck	Driv	er		Non	е		
8	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden			
BE	Emory G. Coc						orot		Coo		
2	19a. INFORMANT'S NAME (Type/Print)	(Son)						the Number, City or Town			
	Mr Steven Coop 20a. METHOD OF OISPOSITION	ier	20b. PLACE AND DA				St,	Silver		ng, Md 20903	
	1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Md Vet				rv	DATE 200. LO	ATION - C	ity or lown, state	
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	1		22. NAME AN	D ADDRES	S OF FACIL	JTY TY	- D	3 20050	
	LAKE K	· Ann	1. ~							A. 20850 ockville, Md	
	23. PART I. Enter the diseases, or	complications that co	aused the death. D	o not en							
	shock, or heart feilure. iMMEDIATE CAUSE (Final	List only one cause	on each line.		/) (intarval Between Onset and Death	
	disease or condition resulting in death)	- 1/1/14	Hi-on	aan.	1	/1	1 11 6				
	resulting in death)	DUE TO (OF	AS A CONSEQUENC	OF):	1/2	CEDE	wr c				
N	Sequentially list conditions to Septicemia										
ATK	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury & c DOWEL USTY LCT ON										
CERTIFICATION	resulting in death) LAST	· meta	stati	e C	olor	1 C	an	cer			
	PART II. Other algnificant condition	a contribution to de	oth hut not novible	l- M-							
CAL	TATE II. Outer agrittout Condition	E COMMIDGING TO BE	eth but not resulti	ng in the	underlying	cause gi	iven in Pa	ort i. 24a. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDI								_ 1 □ YES 2	NO NO	OF DEATH?	
Σ.								- 1		1 TES 2 NO	
Y I	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DE	ATH (Check	only one)			
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DO	OTH		5 🗆 Res	ildence 6 [Other (Specify)			
PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		TIME OF	28c. INJ	JRY AT	2	8d. OESCRIBE HOW IN	JURY OCC	JRED	
BY	1 Metural 5 Pending 2 Accident Investigation			M		ES 2 🗌	NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF III building, atc.	NJURY — At home, far (Specify)	m, street, 1	factory, office		2	8f. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,	
E	29e. CERTIFIER										
COMPLETED	(Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my									
8			nination and/or investig	pation, in m	y opinion, d	eth occure	d at the tim	ne, date and place, and	d due to the	cause(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	12/	110				WSE NUMBE		29d. DATE	SIGNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF OEATH (ITEM 27)	Type, Printi		20	[]	1.5	10		
	Kobert L. F	ox, Mi		1(1	Priv	ce	Phil	ip Dr.	Oln	ey, MD.	
	31. DATE FILED (Month, Day, Year)	JUNE DELL	SIGNATURE	2							

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND N		IENE . NO.			
	1. OECEDENT'S NAME (First, Middle, Lest)	P. PALGAME	η	CRUM		2. DATE OF DEA MONTH	704/92 9	YEAR 2	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 213-74-2548 9a. FACILITY NAME (If not Institution, give	¹□ M 2FEMALE	1 M 2 FEMALE 92 YRS. MONTHS DAYS HOURS MIN.					Country	YLAND	
TOR	HOMEWOOD RETIRE			1	ERICK			EDER		
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	REDERICK		, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 12 LIS NO	
BAL	100. STREET AND NUMBER 31 W. PATRICK S	Т.		101	ZIP CODE	701	10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARIYAL STATUS 1 Never Married 2 Married 3 Widowed 4 DANGED	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN scify Cuben, Maxica 2 NO Spects	n, Puerto Rican, at		Black, Specifi	— American Indian, White, stc.	
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us FARM W	USUAL OCCUPATION or done during more retired.)	ON et of working	18b. KINO (DATRY	STRY		
NO	17. FATHER'S NAME (First, Middle, Last)									
BE 0	HIRAN ZACHARIAH	STALEY					EN VANFO		N	
0	19a. INFORMANT'S NAME (Type/Print) HARRY L. TROUT.	TD			nd Number or Rural I				D 01701	
	20a. METNOD OF DISPOSITION B 1 Burial 2 Cremation 3		PLACE OF DISPOS		C GROVE I		6c. LOCATION — C		D 21701	
	4 El Sidnand La Striet (opediny)		CHAPEL	CEMETER'	(NR. L	TBER	TYTOWN, MD	
7	21. SHEWATURE OF FUNERAL SERVICE L	O. Lars	ler	22. NAME A	LIBER	D.		ΓZLE	R & SONS	
CERTIFICATION	23. PART I. Enter the diseases, or complications that outset the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS PERI 1 YES							24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERS.	HOCOLTAL			LACE OF DEATH (Ch	neck only one)				
YSIC	1 TES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output			ne 5 🗆 Rasidanca					
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation			JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	NOM INJURY OCC	URED		
	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, factory, offi	ta .	28f. LOCATION City or Town	(Street and Number , State)	or Rural F	loute Number,	
COMPLETED	Check only	SICIAN: To the best of my knowle NER: On the basis of examination	-) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIF	L. Rufos	m	m	29c. LICENSE NU 3-13	971	29d. DATE	BIGNEO	(Mongh, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DEA		Print) 9th ST	. FRED	ERICK, N	MD	/	-	
	NOV 0 4 '92	32. REGISTRAR'S SIGNA	ATURE							

DHMH-18 Rev 1/89

		permit
020	. Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the burial-transit permit
0	Du	the
5	end	98
S	att	US.
2	0	for
Q	hospita	peupe
4	ag.	det
₹	3	8
FIMORE, MARYLAND 21215-0020	tained	should
2	9	5
Ã	ay b	pag
<u>F</u>	E	tor,
Ž	age	direc
	О.	70

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attanding physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. BAL DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

										9	2	31838	
	FOR STATE REGISTRAR		STATE OF N			RTMENT OF			ENTAL HYGIEN	E			
j	1. DECEDENT'S NAME (First, M	elen	May	CI	LINGA	N		1	2. DATE OF DEATH		YEAR	TIME OF DEATH A	7 4
	4. SOCIAL SECURITY NUMBER 214-10-5276	9	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH (Morth, Day Year) Sept. 16,	1	BIRTHPL	ACE (State or Foreign	2
E.	9a. FACILITY NAME (If not instite Frederick Me					96. CITY, TOW	WN OR LOCATIO			9c. COUNT	Y OF DEAT		
DIRECTOR	RESIDENCE OF DECE			OE,ia.	10c. CIT	Y, TOWN OR LO						d. INSIDE CITY	
	Maryland	Fre	ederick			-	erick				1)	LIMITS? YES 2 NO	
FUNERAL	8204 Old Lin	ne Dr	ive				10f. ZIP CODE		21701		U.S.	A.	
B	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	NT EVER IN U.S. AR	IMED NO	If yes	, specify Cuber		ORIGIN? (Specify Yes Puerto Rican, etc.)	e or No 14		American Indian, thite, etc. White	
COMPLETED	15. DECED (Specify only hi Elementary/Secondary (0-12			+) (G				a	16b. KIND OF BU		STRY		
	17. FATHER'S NAME (First, Middle)		200						(First, Middle, Meiden ne Redman	Surname)			
TO BE	19a, INFORMANT'S NAME (Type	e/Print)	. 5				et and Number	or Aural Aou	ute Number, City or Tow				
-	Cerry D. Cling	N						e, Fr	ederick,				_
	Burlal 2 Cremation 4 Donation 5 Other (Sc	3 🗆 Remo	wal from State	cemetery, cre	amatory of of Ven	of disposition ther place) emoria	1 (Name of	ens l	0-13-92 1	ration - ch	ick.	Md. 2170	1
	21. SIGNATURE OF FUNERAL S	^	ensee Aux	1 1	40002	22. NAM	E AND ADDRES	S OF FACIL	asford Fu				
	23. PART I. Enter the dise	eases, or co	omplications the	it caused the de	eath. Do n	1	06 Eas	t Chu	as cardiac or resp	Frede	rick	Md. 217	03
	shock, or head IMMEDIATE CAUSE (Final	irt failure. L	List only one cau	use on each line	e.				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	10 Carr		Interval Betwee Onset and Deat	th
	disease or condition resulting in death)	*	· <u>-</u>	TATIC I			NOMA	or 1	LUNG			2 /2 HOT	15
NOIT	Sequentially list condition if any, leading to immedia	ate	DUE TO	(OR AS A CONSE	QUENCE OI	F):		_					
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			(OR AS A CONSEC	QUENCE OF	f):		_				 	_
S	PART II. Other algnificant	conditions		death but not	resulting	In the under	ulan anusa n	han In D	-1 24- WEG AN	armaney.	T 245 W	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
PHYSICIAN: MEDICAL				Would be the		III the white.	All decade A	IVOIT III V.	PERFORMAL 1 YES 2	RMED?	CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MIPLETION OF CAUSE F DEATH? YES 2 10 NO	5
IAN	25. WAS CASE REFERRED TO N	-				20	S. PLACE OF DE	EATH (Check	k only one)				_
YSIC	EXAMINER?		HOSPITAL:		1		Home 5 🗆 Res	sidence 6	Other (Specify)				
ву РН	27. MANNER OF DEATH 1 Natural 5 Per 2 Accident	ending vestigation	28a. DATE OF (Month, Di	Day, Year)		M 1	INJURY AT WORK?		18d. DESCRIBE HOW I	INJURY OCCU	RED		
		ould not be termined	28e. PLACE O building,	OF INJURY — At he etc. (Specify)	ime, farm, s	street, factory, o	office	2	ett, LOCATION (Street City or Town, State)		Rural Rout	e Number,	
COMPLETED									the cause(s) and maine, data and place, ar			nd manner as stated.	
BE C	296. SIGNATURE AND TITLE OF	F CERTIFIER	Bu	24.8	Hon	Som	29c. LICE	NSE NUMBI		29d. DATE S	SIGNED (M	ongh, Day, Year)	_

ty

296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 23/76/

29d. DATE SIGNED (Morifi, Day, Year)

| 0 | 11 | 92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BRITAN M. O'CONNOR MD 501 W. SEVENTH ST. FRESERICK 21701

31. DATE FILED (Month, Day, Year) 1992

2

38. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	ICATE	OF DE	TH		REG. NO	16			
1. OECEDENT'S NAME (First, Middle, Last)	ARTHUR	LANCE		CLINE			2. DATE OF MONTH	F DEATH	2	уе ля 92	3. TIME OF DEA	ATH A
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. le		IF UNDER 1 Y	EAR IF UND	ER 24 HRS.		Day, Year)		Count	IPLACE (State or I	
20-20-4123 Da. FACILITY NAME (If not institution, give s	21		78 YRS.					6-191			yland	
612 Military Road					own or Loca erick	TION OF E	PEATH		1000	ederi		
On. STATE 10b. COUNTY	Y		10c, CIT	Y, TOWN OR I	LOCATION						10d. INSIDE CIT	_
	lerick			ederi							LIMITS?	
oo.street and number 612 Military Road					101. ZIP CO					S.A.	WHAT COUNTRY?	
1. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. A	RMED		DECENDENT	OF HISPA	NIC ORIGIN?			14. BACI	E — American Ind	lan.
Never Married 2 Married □ Widowed 4 □ Divorced	FORCES? 1 IF YES, OIVE WAR	OR DATES	NO		es, specify Cu YES 2 📉 N		an, Puerto Ric	an, etc.)		Spec	k, white, etc. Hy: White	
15. OECEDENT'S EDU- (Specify only highest grade	CATION	16a. O	ECEDENT'S	USUAL OCCU	PATION		16b. K	INO OF BU	SINESS/IN	DUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	We We	ine kind of v b. Do NOT us	work done duri se retired.)	ng most of wor	king						
12 years		S	alesm	an								
C. Elmer Cline	-				18. MC	THER'S N.	AME (First, Mide Walt	ldle, Maiden	Surname)			
a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and Numi	er or Rumi	Route Number,	City or Tow	og State 7	in Cortel		
Mrs. Ethel Cline							ederic	-				
a. METHOD OF DISPOSITION				OF DISPOSITION		u II	DATE			City or To	wn State	
Buriel 2 Cremation 3 Rame Donation 5 Other/Specify	oval from State	cemetery, cri			emeter		1				Marylan	1
SIGNATURE OF FUNERAL SERVICE CO	ester A	/ dir	C OII	22. NAI	ME AND ADDE	ESS OF F	ACILITY					
Sakel CX	hiles	6									HOMES, MD 217	
equentially list conditions, any, leading to immediate	OUE TO (OF	AS A CONSE						,				
ause. Enter UNDERLYING AUSE (Disease or injury	c											
that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSE	OUENCE OF	T):								
ART II. Other significant condition	s contributing to de	ath but not	resulting i	in the under	rlying cause	givan in		4a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY PAMAILABLE PRIOR COMPLETION DF DEATH?	CAUSE
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	26. PLACE OF							
MANNER OF DEATH	1 Inpatiant 2 I ET		28b, TIM		Home 5 200	Tasidence	8 Other (S		Marine e e	OURE		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,			URY	WORK?	□ NO	28d, DESCR	IIBE HOW II	NJURY OC	CURED		
3 Suicide 6 Could not be determined	28a. PLACE OF IN building, atc.	IJURY — At ho (Specify)	ome, farm, s	street, factory,	office		281. LOCATI City or	ON (Street a Town, State)	and Numbe	r or Rural F	loute Number,	
CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, de	eath occurre	nd at the time,	date and place	e, end due	to the cause	(a) end men	ner as sta	ited.	and menner as a	ntated
SIGNATURE AND TITLE OF PERTIFIE	۸ .		-/			CENSE NU					(Month, Day, Year)	
KM = 121	la ber				Ta	1120			DAI	LOIGNED	(month, pay, reer)	
NAME AND ADDRESS OF PERSON WHI	IMPLETED CAUSE O	OF DEATH (ITE	M 27) (Type	Printi	FUS	107			- 1	0115	196	
R. Kirk Jackson	915 To	11 Hou	se Av		Suite	308	Freder	ick,	MD 2	21701		
OCT 1 4 1992	Julia Davi	SIGNATURE)	ndell						1.7			

1	-	STATE REGISTRAR

4	STATE REGISTRAR		STATE OF I		ERTIF					MENIAL		_		
1	1. DECEDENT'S NAME (First,	Middle, Lest)				IOATE	- 01	DLA	-	2 DATE	REG. NO	•		2 7000 00 00000
ì	Harry	Milt.	on CRUTCI	T.EY						MONTH	D/		YEAR	3. TIME OF DEATH
ł	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. te	at hirthday)	IF UNDER		-			oer 12	, 19		4:35 AM M
	214-10-2423		1 🕅 M 2 🗆 F	91	YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE C (Month,	Day, Year)		8. BIRTI Count	HPLACE (State or Foreign rry)
ŀ	9a. FACILITY NAME (If not ins	alterate at a st	-	71	THS.						118, 1	901	Mar	yland
								R LOCATI	ON OF OR	EATH		9c. COU	INTY OF	DEATN
1	Citizens N		g Home			Fı	cede:	rick					F	rederick
F	RESIDENCE OF DEC	10b. COUNTY			100 000	Y, TOWN O	D 1 001T							
ı	Maryland	Frede			10c. G1		deri							10d. INSIDE CITY LIMITS?
ŀ	10e. STREET AND NUMBER	rrede	LICK			rrec	ier 10	CK						1XXYES 2 NO
							10f.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
L	108 Monroe	Ave.						2170	01				U	.S.A.
ı	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13. \	WAS DECE	NDENT O	F NISPAN	IIC ORIGIN?	(Specify Yea	or No-	14. RAC	E — American Indian,
ł	1 Never Married 2 1 1 3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES	200			2XXNO		n, Puarto Ri	ican, atc.)		Spec	k, White, atc.
ŀ														White
L	15. DECE (Specify only	DENT'S EDUC highest grade of	COMpleted)	16a. D	ECEDENT'S Give kind of a B. Do NOT us	USUAL OC	CCUPATIO	N t of workin	a	16b.	KIND OF BUS	INESS/IN	DUSTRY	
l	Elementary/Secondary (0-	12)	College (1-4 or 5	-)					•					
ŀ				I.	lachii	nist				Br	ush C	ompa	ny	
ı	17. FATHER'S NAME (First, Mic							18. MOTH	ER'S NA	ME (First, Mi	iddle, Maiden	Surname)		
L	Harry	Elmer	Crutchl	ey			_	Mar	v Fi	rance	s Eli	zahet	th R	lair
I	19a. INFORMANT'S NAME (Ty	pe/Print)		19	b. MAILING	ADDRESS	(Street ar	d Number	or Rural F	Poute Numbe	r. City or Town	n, State, Zie	Code)	LGII
	Mrs. Victor	een To	berv								deric			1.701
r	209. METHOD OF DISPOSITIO	ON		20b. PLACE	AND DATE	DE DISPOSI	TION (No.	na of	nu.	DATE		CATION	1. Z.	1/01
	1X Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (1 3 🗌 Remo	val from State	cemetery, co	ematory or o	thar place)	Como	+02	Oct	- 15	1002	dord.	ale h	Maryland
ŀ	21. SIGNATURE OF FUNERAL	-	ENSEE 1	110011	C 011	LVEL	CEILE	DADDRES	000	24179	TABLE	ierro	IK, I	Maryland
ı	0:-1-	16	Y .	1		ΙKρ	enev	and	Bas	sford	P.A.	Fund	rol	Homo
L	Mark	no C	. 0#1	oy .	MO025	5 10	6 Ea	st C	hurc	h St	., Fre	dari	ick	Md. 21701
I	23. PART I. Enter the dis	eases, or co	omplications that	coused the de	eth. Do r	not enter	the mod	le of dyl	ng, suci	h ea cerdi	ac or respi	ratory an	reat.	Approximate
l	IMMEDIATE CAUSE (Fine	ert fellure. L	let only one ceu	se on each line	D. I							10-10		interval Between
I	disease or condition		CYDO	rdeac	Ar	roes	P							Onset and Death
	resulting in death)	•	DUE TO		OLIENCE OF	D.								
l			And	210:-5	all 1	otel	10	1)	1					1011
	Sequentially list condition		DUE TO	OR AS A CONSE				٦. ٥ ١	UI					104
ı	if any, leading to immed cause. Enter UNDERLYIN	IG				,-								,
	CAUSE (Disease or Injur that initiated events	у 🕻 с	DUE-TO	OR AS A CONSE	GUENCE U	71:								-
	resulting in death) LAST		5	1180		eux	out	0 4						104
ı		d.		ruce				ea						109
	PART II. Other significan	t conditione	contributing to	death but not	resulting i	n the un	deriying	ceuse g	iven in i	Part I.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
					-						PERFOR		1	AVAILABLE PRIOR TO
ı											1 TYES 27	©√NO		OF DEATH?
										_				1 TES 2 NO
		211112												
	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		CE OF DE	ATH (Che	ick only one)				
ı	1 TES 2 NO		1 Inpatient 2 I	ER/Outpetient 3	□ DOA			5 🗆 Res	Idenca	8 Other ((Specify)			
ľ	27. MANNER OF DEATH		28a. DATE OF (Month, De	INJURY	28b. TIM	E OF URY	28c. INJU WOR			28d. DESC	RIBE NOW IN	JURY OC	CURED	
ı	1 Natural 5 P	ending vestigation		,,,		м		S 2	NO					
	3 Culolda	ould not be	28e. PLACE OF	INJURY — At ho	me, farm, s	treet, facto	ry, offica			281. LOCAT	ION (Street a	nd Number	or Rural F	loute Number.
ı		tarmined	bulland,	нс. (эрвспу)					- 1	City or	Town, State)			
	29a. CERTIFIER	VINC BUVEIC	IANIa Ta ab a base of								*			
	(Check only one)	AL EVALUED	IAN: To the best of	my knowledga, da	eth occurre	d at the tir	ne, data a	nd placa,	and dua	to the cause	(a) and man	ner aa stat	ed.	
L	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		On the basis of ex	amination and/or	Investigation	n, in my op	Hnlon, de	ith occur	d at the t	time, data a	nd placa, and	dua to th	e cause(a) and menner ea stated.
1	296. SIGNATURE AND TITLE		2 (1	11			29c. LICE	NSE NUM	ВЕЯ		29d. DATI	E SIGNED	(Month, Day, Year)
	Bernard	02	elus (- N	(1)			1) /:	540	9	- 1		0/17	19
3	00. NAME AND ADDRESS OF							0 .	- (710
	Dr. Bernar						h Ma	rket	St.	. Fre	ederio	ck. M	1d. 2	21701
13	11. DATE FILED (Month, Day, Ye			r's signature						,			-	
-		4000	110. 20	1 90	1.00									
ı	N CT1 4	7997	Guna Day	ydson-nan	CONC									

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMH-18 Rev 1/89

halfer a street

REGISTRAR		CF	RTIFI	CATE C	F DEA		MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		- OL		OAIL C	/ DEA			OF DEATH			3. TIME OF DEATH
WILLIAM	Н.			CART	e III	I	1 1	n da O 3		YEAR	6.37 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YE		24 HPIS.		OF BIRTH			PLACE (State or Foreign
186-52-1256	1 📉 M 2 🗆 F	24	YRS.				Jul	y 18,1		Penr	nsylvania
9a. FACILITY NAME (If not institution, give s	treet and number)				VN OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF D	EATH
FARM CREEK RD				Toddy	/11Te				DORG	CHES	STER
10e. STATE 10b. COUNT	1		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
Maryland Dorch	ester		Chu	rch Cı	reek						1 TYES 2 X NO
10% STREET AND NUMBER 3424 Blackwater	2001				10f. ZIP CODE				10g. CITIZ		WHAT COUNTRY?
11. MARITAL STATUS		T EVER IN U.S. ARM	ten.	12 47	2162		10 00101	N7 (Specify Yes		USA	
1 X Never Married 2 Married		YES 2 XNO		If yes	s, specify Cube	n, Mexica	n, Puerto	Rican, etc.)	or No-		- American Indian, , White, etc.
3 Widowed 4 Divorced		AN ON DAILS		1 '	TES ZA HO	Specify				Speci	White
15. DECEDENT'S EDU (Specify only highest grade		(GM	e kind of we	SUAL OCCUP ork done during	ATION most of working	19	168	b. KIND OF BUS	HNESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	orer orer	retired.)				eafood	Droo	ooot	ina
17. FATHER'S NAME (First, Middle, Last)		Цар	OTEL		10 MOTO	HED'S NAI		Middle, Malden :		essi	LIIG
William H. Carte	Jr.							Griffi			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING /	ADDRESS (Str	eet and Number	or Rural F	Poute Nurr	nber, City or Town	n, State, Zip	Code)	
Harry Griffiths		50)4 So	uth St	ate L	ine I	Road	, Masu	ry, 0	hio	44438
20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 ※ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	20b. PLACE AN cemetery, crem MOOTE					0A1		CATION — C		
21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE /	THOOLE	rier	22. NAM	E AND ADDRE		CHLITY				ennsylvania
Vanney X	Dall	lec.						me, P.			207 , MD 21631
23. PART I. Enter the diseases, or	complications that	caused the dea	ith. Do no	ot enter the	mode of dy	ing, suci	h aa car	diac or reapi	ratory arm	est,	Approximate
shock, or heart fellure. iMMEDIATE CAUSE (Final	List only one ceu	se on each line.									
						1					interval Between Onset and Death
disease or condition resulting in death)	Deon	NING				1	4				
disease or condition resulting in death)	DE TO			OH		1	4				
resulting in death) Sequentially list conditions,	4			OH		1	4				
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	4	OR AS A CONSEQUENCE OF AS A CONSEQUENCE		OH		1	4				
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	b. DUE TO		UENCE OF)	POH		1	4				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	OR AS A CONSEQU	UENCE OF)	POH		1	4				
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.	b. OUE TO	OR AS A CONSEQU	UENCE OF)	OH	QUer	SON		24a, WAS AN	AUTOPSY	<i>C</i>	Onset and Death WERE AUTOPSY FINDINGS
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO	OR AS A CONSEQU	UENCE OF)	OH	QUer	SON		210.72	AUTOPSY MED?	<i>C</i>	Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO	OR AS A CONSEQU	UENCE OF)	OH	QUer	SON		S LO. 17	AUTOPSY MED?	<i>C</i>	Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	b. OUE TO	OR AS A CONSEQU	UENCE OF)	OH	QUer	SON		S LO. 17	AUTOPSY MED?	<i>C</i>	Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSE	UENCE OF)	the underl	ying cause (given in	Part I.	24s. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OU	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENC	UENCE OF)	the underl	ying cause of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	given in	Part I.	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OU	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF)	the underl	ying cause (given in	Part I.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions Examiner? Yes 2 No 27. MANNER OF DEATH Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Metural Met	DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OU	GOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	of 28c. RY 1	ying cause (given in	Part I. ack only o Control 28d. DE SUB	24a. WAS AN. PERFORI 1 VES 2 TO SCRIBE HOW IN	AUTOPSY MED? NO TER JURY OCC FELL	DOC UNED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OU	GOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE	the underling of Rry M 1 1 reet, factory, o	ying cause (given in	Part I. sck only o Other 28d. DE SIIB 281. LOC City	24a. WAS AN. PERFORI 1 VES 2 TO SCRIBE HOW IN LECT CATION (Street e or Town, State)	AUTOPSY MED? NO TER NJURY OCC FEIL	DOC URED IN or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO K
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Netural Netural 2 Accident Netural 3 Suicide 8 Could not be determined 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 4 Homicide Cauld not be determined	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	COR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	of the underl	ying cause (S. PLACE OF D Home 5 Re INJURY AT WORK? YES 2 P	given in	Part I. Bick only of the 28d. DE SUB 28f. LOC City FAR	24a. WAS AN. PERFORM 1 YES 2 OF (Specify) A SCRIBE HOW IN LECT CATION (Street e or Town, State) M. CRE.	AUTOPSY MED? NO TER_ JURY OCC FELL Ind Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Number of Recommend Num	DOC URED IN or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Netural Netural 2 Accident Netural 3 Suicide 8 Could not be determined 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 3 CASE VIEED 4 Homicide Cauld not be determined	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	COR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	of 28c, M 1 1 DOCK	ying cause of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	given in EATH (Che reidence	Part I. ack only o Control Chy FAR to the ca	24a. WAS AN. PERFORI 1 YES 2 or (Specify) A SCRIBE HOW IN LECT CATION (Street e or Town, State) M. CRE.	AUTOPSY MED? NO TER JURY OCC FELL nd Number EK R ner me state	DOC URED IN Or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO K WATER bute Number, MD DORCHESTEI
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WYVES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OU	COR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	of 28c, M 1 1 DOCK	ying cause of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	given in EATH (Che reidence	Part I. Cock only of the 28d. DE SUB 28d. DE SUB 28d. Loco FAR to the ca	24a. WAS AN. PERFORI 1 YES 2 or (Specify) A SCRIBE HOW IN LECT CATION (Street e or Town, State) M. CRE.	AUTOPSY MED7 NO TER AJURY OCC FELL nd Number EK R ner se state d due to the	DOC. URED IN or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO K WATER bute Number, MD DORCHESTEI
PART II. Other significant conditions Examiner? Yes 2 NO 27. MANNER OF DEATH Netural Particular	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	GOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	DOA DOS TIME INJUDENCE OF) DOA DOS TIME INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJUDENCE OF INJ	the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the un	ying cause of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	given in EATH (Che reidence NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I. Cock only of the 28d. DE SUB 28d. DE SUB 28d. Loco FAR to the ca	24a. WAS AN. PERFORI 1 YES 2 or (Specify) A SCRIBE HOW IN LECT CATION (Street e or Town, State) M. CRE.	AUTOPSY MED7 NO TER AJURY OCC FELL nd Number EK R ner se state d due to the	DOC. URED IN or Rural R	WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO K WATER loute Number MD DORCHE STEE and manner as stated. (Month, Day, Year)
PART II. Other significant conditions Examiner? Yes 2 NO 27. MANNER OF DEATH Netural Particular	DUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OU	GOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	DOA DOA Seb. TIME INJUDE: 17 Time, farm, stell revestigation, 27) (Type, F	the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the underly the un	ying cause of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	given in EATH (Che reidence) NO . , and due red at the ENSE NUM	Part I. Cock only of the cast lime, date the cast lime, date the cast lime.	24a. WAS AN / PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO TOWN, Street e or Town, Street e or Town, Street e or Town, Street e or Town e e end place, enc	AUTOPSY MED7 TER AUTOPSY MED7 NO TER LURY OCC FELL not Number of the did due to the 29d. Date	DOC URED IN Or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO K WATER Dute Number MD DORCHESTEE and menner as stated. (Month, Day, Year) 1 9 9 2

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-			1. DECEDENT'S NAME (First, Middle, Last)	
			Claude T. Collins	
			4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las	
	29		218:50 1695 10 20 1 42	YRS
	-	~	9a. FACILITY NAME (If not institution, give street and number)	100
		DIRECTOR	DOK CHESTER GENERALF	POSI
	(1000000)	EC	10e. STATE	10c. (
			MD, LORCHESTER	
	It berm	FUNERAL	10. STREET AND NUMBER	
	trans	INE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	MED
	BALTIMORE, MARYLAND 21215-0020 or death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit is examiner must be notified at once.	BY FL	1 Never Married 2 Married 1 Never Married 2 Married FORCES? 1 YES 2 N FYES, GIVE WAR OR DATES	
	215 attend	ED		CEDENT
	212	COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)	ive kind Do NOT
	Sylta de Sylta	MPL	\mathcal{C}	ON.
	YLAN by the hor be detact	00	17. FATHER'S NAME (First, Middle, Last)	
	2 6 5 E	ш	BERNARD COLLINS	
	MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	b. MAILI
	RE, IV		VIRGINIA HENRY	1
	FORE of may bector, pa		20a. METHOD OF DISPOSITION 1	
	ALTIMOF Jeath. Page 6 m funeral director,		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-1 /1
	BALTIN ter death. Pag the funeral dir wal.		Janelle C. Henry	
	# ≥ e at		23. PARTI. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line	ath. D
	DO DO E		IMMEDIATE CAUSE (Final	
	atte		disease or condition resulting in death)	
			DUE TO (OR AS A CONSEC	DUENCE
	687 precuted and cor burial,	N	Sequentially list conditions,	N
	OX 68 e be execut sician and c rior to buris traumatic	CERTIFICATION	if any, leading to immediate	DUENCE
	BOX ficate be physician ne prior to	2	CAUSE (Disease or Injury that injected executions)	/ C
	teath certifical attending phymial Hygiene (Ē	that initiated events resulting in death) LAST	JUENCE
	DS, P. he death of the attend Mental Hy ijury, or	CE	d	-
	RDS, at the deal by the att and Menta y injury,		PART II. Other significant conditions contributing to defin but not a	esultin
	ECORDS, P vulres that the death a signed by the attent Health and Mental I tows any injury, or	EDICAL	equance per	N
	PEC requires of Heal	ME		
	Iaw rec as beer 23 sh	ä		
	N: The law in the law is the State Dept.	C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	-
	F VITAL RI SICIAN: The law red certificate has been the State Dept. of 1, or Item 23 sh	PHYSICIAN:	1 VES 2 NO 1 Dispetient 2 ER/Outpetient 3	_
	NG PHYSI fter this co sath with marked,		27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. 1
	ON ON O ON O O O O O O O O O O O O O O	BY	2 Accident Investigation	me for
	TISIC TITEND TION: A after d	ED	3 Suicide 6 Could not be determined 288. PLACE OF INJURY — At ho building, etc. (Specify)	rive, refr
	DIVISION OF VITAL R OR ATENDING PHYSICIAN: The law re DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 sh	COMPLETED	29a. CERTIFIER	
	3 4 K =	MP	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, de	
	THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	00	2 MEDICAL EXAMINER: On the beas of examination and/or	rivestiga
	PORT P	BE	SHE SHENATURE AND TITLE OF CENTIFIERY	
	5 5 3 3	2	July work	

31. DATE FILED (Month, Day, Year), 92

32. REGISTRAR'S SIGNATURE Gandell

							· ·				
liddle, Last)	- 1	,,					2. DATE	OF DEATH A	7	YEAR	TIME OF DEATH
T.	Co		19				10	- 37	- 9	12	610 AM
1695	5. SEX 1 1 1 2 1 F	6. AGE (I	yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	50	Country)	ACE (State or Foreign U D.
tution, give st	reet and number)		1 1 1 1 -	9b. CIT	Y, TOWN	OR LOCATION OF C				Y OF OEA	TH,
STER	GEN	zRa	Hos	0 ($a\Lambda$	1 bRi	dge		DO	RC	hester
DO O	Rche	st	eR 10c.	C.Q.	Mb	Ridge					d. INSIDE CITY LIMITS?
					10	1. ZIP CODE			10g. CITIZI		AT COUNTRY?
ces	757					21013	3		7	15	A
erried ed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	☐ YES	2 NO	13	If yes, sp	CENDENT OF HISPA healty Cuben, Mexic 3 2 NO Speci	an, Puerto R		or No-	4. RACE	American Indian, White, etc.
DENT'S EDUC			16a. DECEDEN				16b.	KIND OF BUSI	NESS/INDU	STRY	acci -
2)	College (1-4 or 5	+)	In. Do NO	T use retired.	,	ost of working N WORKS	R				
die, Last)				-11/W	21.0	18. MOTHER'S N.		liddle, Majden S	(urname)	-	
RD	COLL	: N=	S .	SR.		EM	Ma	Co	11:	NS	
o/Print)	tenry		19b. MAIL	INO ADDRES	ss (Street o	and Number or Rural	Route Numb	11/20	Store Zip C	iode) M	D, 2/6/3
N	-		PLACE AND DA			ame of .	DATE		ATION — C	ty or Town	
3 🔲 Remo	oval from State	cem	Beth	or other place	Cen	retary	11/	4 CC	imb	Rid	ge, MD
SERVICE LIC	ENSEE	0				ND ADDRESS OF F	ACILITY	1000	Ho	Me	77-10-
10) C	Henry	4		1/2	701		UNG	ton S	4 / -		n ! don 111
eases, or c	complications the	t caused	the death. D	o not ente	r the mo						Approximate
rt fallure. I	List only one cau	ise on ea	ich line.	- 1		,			1-	-	Interval Between Onset and Daath
• ,	8	no	L.C	ta	e	1 H	IV	Bry	Lece	cir	L SHEET AND DANK
	DUE TO	(OR AS A	CONSEQUENCE	OF): 2	11 11	sin)		0			
10,	Dule To	100 40 4	CONSEQUENCE	CU	ea)	
ata G	1.1	1/	CONSEQUENC		0	Our	m	asi	2	/	
1	DUE TO	(OR AS A	CONSEQUENCE	OF):	1	cue	//0				-
condition	a contributing to	deligh by	ut nguresultir	In the u	pderiyin	g cause given in	Part	24a. WAS AN A		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ne	1	x	,,,,,	11	u	4 4/1	Le l	y□ YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
							T				YES 2 NO
MEDICAL	HOSPITAL	_		ОТНЕ		LACE OF DEATH (C	heck only one)			
	1 Dinpetion 2			4 🗆 Nt	ursing Horr	ne 5 🗆 Residence					
nding restigation	28a. DATE OF (Month, E	INJURY lay, Year)	26b.	TIME OF INJURY M	WC	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED	
uld not be termined	28e. PLACE Obuilding,	F INJURY etc. (Spec	— At home, ferr	m, street, fa	ctory, offic	28		ATION (Street and Fown, State)	d Number o	Runii Rou	le Number,
VINO PUNC	Olani, P. M	Approximate the second	Va. 10-10-1	81.7.5	ar es				-		
	CIAN: To the best of										
		AMITHITIMA AMITHITIMA	ena/or investig	mion, in my	opinion, d	seath occured at the	time, deta	and place, and	due to the	cause(a) a	nd manner as stated.
E CERTIFIER		-							made to the sales of	and the contract of the con-	CONTRACTOR DESCRIPTION OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE

- 10 - P

BALTIMORE, MARYNAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director page 5 among the grand for use as the burial-transit permit. Pages 1, 2, 3 should in the Stare Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	redical examiner must be nothing it once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by an Asspiral or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nother if one.

		_ SIAIE	STATE OF MARYLA							. 31043
Г	i	1. DECEOENT'S NAME (First, Middle, Last)		CE	RTIFIC	AIE OF	DEATH	REG. NO.		3. TIME OF DEATH
	ŀ	Frank Rai	nkin			CRF	416	LO 23		R I ' '
		238-12-1477	8. AGE (In 7]	yrs. last	YRS. MOI	UNDER 1 YEAR ITHE DAYS	IF UNDER 24 HRS. HOURS MIN.		21	RTHPLACE (State or Foreign untry) North Carolina
	20	9e. FACILITY NAME (If not institution, give street PENINSIII.A REGIONAL RESIDENCE OF DECEDENT		NTEF			SBURY	EATH	WICO:	
action and a	- 8	10a. STATE 10b. COUNTY Maryland Wicomic	co			own on Loca Sbury	TION			10d. INSIDE CITY LIMITS? 1 _ YES 2 _ NO
1400	AEDAL.	615 Douglas Road				10	2 180 1		USA	F WHAT COUNTRY?
20	- 11	11. MARITAL STATUS 1	P. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE WW II	2 N		If yes, sp		HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	S _i	ACE — American Indian, lack, White, etc. pecify: hite
6	3	15. DECEDENT'S EDUCATI (Specify only highest grade com-	ION	16a. DEC	EOENT'S USE	AL OCCUPATI	ON	16b. KIND OF BUS		
onte.	ווירבו	Elementary/Secondary (0-12) C	College (1-4 or 5+)			done during mi ired.)	esident	poultr	у	
onte	5	17. FATHER'S NAME (First, Middle, Last)					THE STATE OF THE STATE OF	ME (First, Middle, Maiden		
Ē		Albert Filmore	Craig					unk) Ranki		
must be nother if		19s. INFORMANT'S NAME (Type/Print) Doris Craig						Route Number, City or Tow sbury, MD		
must b		20a. METHOD OF DISPOSITION 1 1 Removal 4 Donation 5 Other (Specify)	I from State ceme	tery, cren	natory or other	sposition (N clace) Cemete		1	cation - chy of	r Town, State North Carolina
the medical examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS	in h			Hollo	way Fune	ral Home Rd., Sali	sbury,	MD 21801
medical		23. PART I. Enter the diseases, or com shock, or heart failure. List	t only one cause on ea	ch line.	th. Do not					Approximate Interval Between
ent, the		immediate cause (Final disease or condition resulting in death)	Resp DUE TO (OR AS A	ira	+Ony	F	RILUIZ			4-Ce no
or other traumatic event,		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	NELLO AV DUE TO (OR AS A	CONSEC	Cittar UENCE OF):	di	sease	- amyot	roghic	4-6 no.
y, or other traumatic		CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A			10513	>			
31	. 1	PART II. Other significant conditions of	contributing to death bu					Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
shows any in	- 4		e enac c	4.0		. & 2		1 YES 2	□ NO	OF DEATH?
n 23		25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)		
mell ro	3		OSPITAL:	tient 3		THER: Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)		
marked, or Item 23 a	_	27. MANNER OF DEATH 1 Setural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c, iN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED)
28 Is	3	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— Al hor	ne, farm, stree	t, factory, offic	Cel	281. LOCATION (Street City or Town, State)		ral Route Number,
₽ a	: 1	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI 2 MEDICAL EXAMINER: C								se(s) and manner as stated.
MPORTANT: IF	ı	296. SIGNATURE AND TITLE OF CERTIFIER	weller it	M	200	cof	29c. LICENSE NUI			NED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Riverside

11. DATE FILED (Month, Day, Year) OCT 2 6 1992

AND 21215-0020

BALTIMORE, I

disease or condition resulting in death)

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

OM

BY FUNERAL DIRECTOR

BE COMPLETED

2

the disched for use as the burial-transit permit. Pages 1, 2, 3 should ren III- hospital or attending physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 filed within 72 hours after death with the State Dept, of Heath and Memtal Hygiene prior to burial, cremation, or removal. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page filed within 72 hours after death with the State Dept, of Heath and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner myst be

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

										92	3	1844
FOR STATE		STATE OF !	MARYL	AND /	DEPART	MENT O	F HEALTH A	ND I	MENTAL HYGIEN	-		,
REGISTRAR				CE	RTIFI	CATE	OF DEATI	Н	REG. NO.			
1. DECEDENT'S NAME (First	I, Middle, Lest)		0						2. DATE OF DEATH			3. TIME OF DEATH
JAMe		ee	U	XO					11-6-12	792	YEAR	1:45 A "
4. SOCIAL SECURITY NUM		5. SEX	6. AGE	(In yrs. last		IF UNDER 1 Y			7. DATE OF BIRTH			LACE (State or Foreign
717-09-89	080	1 M 2 - F		87	YRS.	MONTHS D	AYS HOURS	min.	10-30-190	5	Country)	MD
PESIDENCE OF DE	Mem	OCIAL T	Tas	orta	1	HAV	re de	OF OF	ACE.	9c. COU	AP	ford
10a. STATE	10b. COUNT	Y			10c. CITY	TOWN OR L	OCATION				1	IOd. INSIDE CITY
MD	H	arford			Н	avre	de Grad	ce			- 1	LIMITS?
10e. STREET AND NUMBER							10f. ZIP CODE			10q. CIT		IAT COUNTRY?
415 Marl	ket St	reet						210)78	115.0	USA	
11. MARITAL STATUS		12. WAS DECEDEN				13. WAS	DECENDENT OF	HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,
1 Never Married 2		FORCES? 1 IF YES, GIVE W			0			Mexica: Specify	n, Puerto Ricen, etc.)		Specify	White, etc.
3 Wildowed 4 Dive	orced						22	-р			орислу.	White
	EDENT'S EDU			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUS	INESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5)	life. I	Do NOT use	retired.)						
		4		Civ	il En	iginee	r		Federa	l Go	vern	ment
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHE	R'S NAI	ME (First, Middle, Maiden S	Surname)		
Cha	arles (Cox						E1:	izabeth Kli	nefe	lter	
19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING /	ADDRESS (St	reet and Number or	Rural F	loute Number, City or Town	, State, Zip	Code)	
Mr. Frede	rick D	eibel		9	47 N	ena A	Avenue,	Ha	avre de Gr	ace,	MD	21078
20e. METHOD OF DISPOSIT		numl from Chair		PLACE A	NDDATEO	POSPOSITIO					City or Town	
4 Donation 5 Other		oval from State			atory or oth		ardens		11/09 Kin	c of	Dmil	ocio DA
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE		and	y 10		E AND ADDRESS		HIT ON IXIII	8 OI	Frus	osia, FA
1 7.00	1	00				Mit	chell-Sr	nith	Funeral	Home	. P.	Α.
Lill	len	X Xm	Res						ice. MD			
23. PART I. Enter the d	iseases, or	complications the	ceused	the dea	th. Do no	ot enter the	mode of dying	, suci	ea cerdiec or reapir	atory arr	eat,	Approximate
IMMEDIATE CAUSE (Fir		//	0 1	-	0	1 , 0.						Onset and Death

25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Propertient 2 ER/Outpetient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🗌 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER

244. WAS AN AUTOPSY PERFORMED?

1 YES 2 X NO

Hone Jan (Tou, MD	D37364	>
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
219 W. Bel Air ANPMUL ALOUA	DOOL NID ?	1001

31. DATE FILED (Month, Day, Year) 06 '92

32. REGISTRAR'S SIGNATURE

OUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

orm, Day, Wear)

.

e described for use as the burial-transit permit. Pages 1, 2, 3 should by the haspital or attending physician. BALTIMORE MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mg is required to 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director care 5 studies and be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		- 50	3. TIME OF DEATH
- 1	CHARLES JAMES CAR	RTER					10 -	- 28 -	1992	YEAR	7:46 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C				IPLACE (State or Foreign
	232522132	1 X M 2 F	95	YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Countr	y)
	9a. FACILITY NAME (If not institution, give str		- 7.5		AL OFFI	27.100.77		21-18			оніо
œ						OR LOCATION OF DE	EATH		9c. COUN		
0	SACRED HEART HOSPITAL CUMBERLAND ALLEGANY COUNTY										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
₫	THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P				UMBERL4						10d. INSIDE CITY
	MARYLAND ALLEGANY CUMI										1X YES 2 NO
₩.	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZ	EN OF W	VHAT COUNTRY?
FUNERAL	402 LOUISIANA A	VENUE				21502			и	.s.	A .
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED		ENDENT OF HISPAN			or No-	14. RACE	- American Indian,
ВУ	1 Never Married 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE WA				ecify Cuban, Mexice 2 1 NO Specify		ican, etc.)		Speck	t, White, atc.
	3,K wisowed 4 Divorced	w.w	. I								WHITE
E	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DE(CEDENT'S	USUAL OCCUPATE	ON set of working	.16b.	KIND OF BUS	INESS/INDU	JSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life,	Do NOT us	se retired.)	of the working					
AP I	12		E	NGI	NEER			OHIO	co.	AIR	PORT
COMPLET	17. FATHER'S NAME (First, Middle, Last)				-	18. MOTHER'S NA					
Ш	CHARLES CARTER					LOUISA	A SP	OONHA	LTZ		
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILINO	ADDRESS (Street	and Number or Rural I	Boude Numb	or City or Tour	Ctute 7in	Codel	
2	Rosalia Foy		4	02	LOUISIA	INA AVE	. , cui	BERL	AND,	MD	21502
	20a. METHOD OF DISPOSITION					_					
	1 X Burlei 2 Cremetion 3 Remove	val from State	cemetery, crer	natory or of	OF DISPOSITION (Na ther place)	METERY /	OATE	20c. LO	CATION — C	ify or To	wn, State
	4 Donation 5 Other (Specify)	PAIRE	MI.	CALI	ARY CE	METERY /	0-31-7	2	VHEEL	LIN	G, WV
	Al	INSEE				ND ADDRESS OF FA		нои	T		
	Wardy D.	Tircher.	1ch			EOFF ST				117.3.1	26007
	23. PART I. Enter the diseases, or co	omplications that	ceused the de-	eth. Do r	not enter the mo	de of dving, auci	h aa cerdi	ec or reeni	ratory arre	est.	2 26003 Approximate
	anock, or heart fellure. L	let only one ceus	e on each line.			,,		о от тоор.	atory and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	20	e mo								Onset and Death
- 1	resulting in death)	710	OR AS A CONSECU	119							
		DOE TO (C	OH AS A CONSEC	PUENCE OF	F):						
	Sequentially list conditions b.	Sequentially list conditions b.									
δI	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
ATION	if any, leading to immediate	DUE TO (C	OR AS A CONSEC	DENCE OF	F):						
CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		OR AS A CONSEC								
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (C	OR AS A CONSEC	WENCE OF	F):	O CAUSA CIVAN IN	Dard i	24a MAC AN	Alimbey	1 245	WEST AUTOMA FAMOURA
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEC	UENCE OF	F):	g ceuse given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (C	OR AS A CONSEC	WENCE OF	F):	g cause given in			MED?	24b.	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (C	OR AS A CONSEC	UENCE OF	F):	g ceuse given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (C	OR AS A CONSEC	UENCE OF	F):	g ceuse given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions OUL (S) IVE 25. WAS CASE REFERRED TO MEDICAL	DUE TO (C	OR AS A CONSEC	UENCE OF	n the underlyin	g ceuse given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions (DUSCONDENT OF THE CONDITION OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE	DUE TO (C	deeth but not re	esulting i	in the underlyin	.ACE OF DEATH (Ch	eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions (DUSCONDENT OF THE CONDITION OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE	DUE TO (C	DR AS A CONSECUTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DOA 26b. TIM	26. PI OTHER: 4 Nursing Hore	_ACE OF DEATH (Cho	eck only one	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWL FSHURE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DHO 27. MANNER OF DEATH 1 Metural 5 Pending	DUE TO (C	DR AS A CONSECUTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DOA 26b. TIM	26. PI OTHER: 4 Nursing Hon E OF 28c. IN. URY	_ACE OF DEATH (Chi	eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWL FS HUNC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DOTO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation	DUE TO (C	DR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DOA 26b. TIM	26. PI OTHER: 4 Nursing Hon URY M 1	ACE OF DEATH (Chi	eck only one 6 Other 26d. DESC	PERFOR 1 YES 2 (Specify) CRIBE HOW IN	MED? NO NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWL FSHURE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DHO 27. MANNER OF DEATH 1 Metural 5 Pending	HOSPITAL: 12 Inpatient 2 1 26a. DATE OF II (Month, Day	DR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO	DOA 26b. TIM	26. PI OTHER: 4 Nursing Hon E OF 28c. IN. URY	ACE OF DEATH (Chi	eck only one 6 Other 26d. DE30	PERFOR 1 YES 2	MED? NO NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWLESHUE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DMO 27. MANNER OF DEATH 1 Hentural 5 Pending Investigation 3 Suicide e Could not be determined	HOSPITAL: 12 Inpatient 2 26a. DATE OF building, at	DR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	DOA 26b. TIMI	26. Pl OTHER: 4 Nursing Hon E OF	LACE OF DEATH (Che No 5 Residence URY AT NRK? YES 2 NO	6 Other 26d. DESc 28l. LOCA	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	MED? NO NUMBER OCCU	URED or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWLESHUE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DMO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident Investigation 3 Suicide e Could not be determined	HOSPITAL: 12 Inpatient 2 26a. DATE OF II (Month, Day) 26a. PLACE OF building, at	Geeth but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not	DOA 26b. TIMI	26. Pl OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Ditreel, factory, officed at the lime, data	LACE OF DEATH (Chi	eck only one 6 Other 26d. DESC 28I. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	MEO? NO NO NO NO NO NO NO NO NO	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWLESHUE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DMO 27. MANNER OF DEATH 1 Hentural 5 Pending Investigation 3 Suicide e Could not be determined	HOSPITAL: 12 Inpatient 2 26a. DATE OF II (Month, Day) 26a. PLACE OF building, at	Geeth but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not	DOA 26b. TIMI	26. Pl OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Ditreel, factory, officed at the lime, data	LACE OF DEATH (Chi	eck only one 6 Other 26d. DESC 28I. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	MEO? NO NO NO NO NO NO NO NO NO	URED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWLESHUE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DMO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident Investigation 3 Suicide e Could not be determined	HOSPITAL: 12 Inpatient 2 26a. DATE OF II (Month, Day) 26a. PLACE OF building, at	Geeth but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not	DOA 26b. TIMI	26. Pl OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Ditreel, factory, officed at the lime, data	LACE OF DEATH (Chi	eck only one 6 Other 26d. DESC 28i. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	MEO? IJURY OCCI and Number of the state of due to the	URED or Rural R d. cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions OWLESHUE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 12 Inpatient 2 26a. DATE OF II (Month, Day) 26a. PLACE OF building, at	Geeth but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not reduce the but not	DOA 26b. TIMI	26. Pl OTHER: 4 Nursing Hon E OF 28c. IN, URY M 1 Ditreel, factory, officed at the lime, data	LACE OF DEATH (Che te 5 Residence URY AT PKS 2 NO a and place, and due testh occured at the	eck only one 6 Other 28d. DESC 281. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	MEO? IJURY OCCI and Number of the state of due to the	URED or Rural R d. cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions Description Description Description	DUE TO (C	DR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	DOA 28b. TIM INJ	26. PI OTHER: 4 Nursing Hon E OF 28c. IN, WK I I streel, factory, officed at the lime, data n, in my opinion, d	LACE OF DEATH (Che No 5 Residence URY AT RK? YES 2 NO a and place, and due leath occured at the 29c. LICENSE NUM	eck only one 6 Other 26d. DESC 281. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State) e(a) and men and place, and	MEO? JURY OCCI And Number of the state of due to the 29d. DATE	d. SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner ee stated. (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions Description Description Description	DUE TO (C	ER/Outpetient 3 NJURY At hor rec. (Specify) INJURY At hor rec. (Specify) OF DEATH (ITEM	DOA 28b. TIM INJ	26. PI OTHER: 4 Nursing Hon E OF 28c. IN, WK I I streel, factory, officed at the lime, data n, in my opinion, d	LACE OF DEATH (Che No 5 Residence URY AT RK? YES 2 NO a and place, and due leath occured at the 29c. LICENSE NUM	eck only one 6 Other 26d. DESC 281. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State) e(a) and men and place, and	MEO? JURY OCCI And Number of the state of due to the 29d. DATE	d. SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner ee stated. (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent conditions Description Description Description	DUE TO (C	DR AS A CONSEQUENCE OF DEATH (ITEM	DOA 28b. TIM INJ	26. PI OTHER: 4 Nursing Hon E OF 28c. IN, WK I I streel, factory, officed at the lime, data n, in my opinion, d	LACE OF DEATH (Che te 5 Residence URY AT PKS 2 NO a and place, and due testh occured at the	eck only one 6 Other 26d. DESC 281. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State) e(a) and men and place, and	MEO? JURY OCCI And Number of the state of due to the 29d. DATE	d. SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner ee stated. (Month, Dey, Year)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CER	TIFIC	ATE OF	DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH DA			TIME OF DEATH
		GERALD H. CAM	PBELL						10-24		TEAR	2:00P. M
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir	thday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH		BIRTHPL	ACE (State or Foreign
		191-24-9247	1 🔯 M 2 🗆 F	65	YRS. MON	THE DAYS	HOURS MIN.		Day, Year) -14-2	- 1	Country)	
pinou		9s. FACILITY NAME (If not institution, give :	street and number)		9b.	CITY, TOWN	OR LOCATION OF DE		17.2	9c. COUNT		
020 physician. burial-transit permit. Pages 1, 2, 3 should	K	70 ParkLane,	Elkmore			Elkt	On			7	cil	
1, 2,	СТОВ	RESIDENCE OF DECEDENT				LIKU	,011			CE	CII	
800	DIRE	10a. STATE 10b. COUNT	Cecil	1		WN OR LOCA			_		100	d. INSIDE CITY LIMITS?
£.	۵	HD	Cecii			Elkto	011					☐ YES 2 K NO
E Be	A	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
i. Insit	FUNERAL	70 Park Lane					21	921			USA	
Siciar Sidar Tal-tra	5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	D		CENDENT OF HISPAN			or No- 14	RACE -	American Indian,
Phy Dur	ВУ Е	1 Never Married 2 Married 3 🙀 Widowed 4 Divorced	FORCES? 1 T	OR DATES			pecify Cuban, Mexica 3 2 10 NO Specify		ican, etc.)		Black, W Specify:	White
ending as the			WWII -	Navy			71					WIII CE
21215-0020 il or attending physic for use as the burial	ij	15. DECEDENT'S EDU (Specify only highest grade	(CATION a completed)	16a. DECED (Give A	DENT'S USU	AL OCCUPATE done during mi ired.)	ON ost of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
21 for for	"	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do	NOT use ret	red.)		110		~ C T	[s a 2 a a s	. Danis 3 au
AND 212- the hospital or att detached for use once.	COMPLETED	12		Sup	ervi	sor		HC	ousing	9 & L	rbai	n Develop
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-tran at once.	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			-		
Y P	TO BE	William Campbe	511				Barbar	a Ka	thry	n Hen	ders	son
M Soliton		19a. INFORMANT'S NAME (Type/Print)		19b. M			and Number or Rural f					
(4		Veronica Brown	1		Bi	ddle	St., Ch	esap	eake	City	, MI	21915
E E		20a. METHOD OF DISPOSITION 1 T Burial 2 Cremation 3 Rem	noval from State	20b. PLACE AND			ame of	DATE	20c. LOC	CATION CH	y or Town,	Stata
D tsnm	!	4 🗇 Donation 5 🗆 Other (Specify)		Fairv	iew (Cemet	ery 10-	30-9	2 Coa	atesv	i11€	≥, PA
BALTIM safer death. Page by the funeral din smoval.		21. BIGNATURE OF PUNERIAL SERVICE LI	CENSEE			22. NAME A	NO ADDRESS OF FAL	CHITY				
BALT after death. y the funera moval.		Gee Funeral Home, 259 E. Ma Elkton, MD 21921									. Ma	In St.,
B after s after by the removal	\neg	23. PART I. Enter the diseases or	complications that c	auged the death	Do not a							1 American
24 hours after filled in by the on, or remova		shock, or heart failure.	List only one cause	on each line.	. Do not e	into the like	oue of uying, such	ii as card	ac or reapi	atory arres	ι,	Approximate interval Between
24 J	-	IMMEDIATE CAUSE (Final disease or condition	.									Onset and Death
760, ed within 24 ompletely fills cremation.		resulting in death)	a. 0M									
P 0 0 1 0				AS A CONSEQUE	NCE OF):							
X 6876 s executed in and com to bunal, oumatic ev	ON	Sequentially list conditions,	b. CA									
BOX ate be en hysician a prior to	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	002 10 (04	R AS A CONSEQUE	NCE OF):							
BOX ficate be physician ne prior t	일	CAUSE (Disease or injury	C	AS A CONSEQUE	NCE OF							
O ding	Ē	that initiated events resulting in death) LAST	DOE 10 (OF	AS A CONSEQUE	on consequence or j.							į
S, P.O. Re death certificate attending ph Mental Hygiene	S		, d									
CORDS, P.O. BOX 68 res that the death certificate be executioned by the attending physician and cleath and Mental Hygiene prior to burians any Injury, or other traumatic		PART ii. Other significant condition	ns contributing to de	ath but not resu	liting in th	e underlyln	g cause given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
ORC that th ed by th th and any in	EDICAL								PERFOR		CO	AILABLE PRIOR TO IMPLETION OF CAUSE
Signed Health a								_	1 123 2			DEATH?
REC r requires been sign c, of Heat	Σ										1 ''	YES 2 NO
OF VITAL RECO HYSICIAN: The law requires th his certificate has been signed with the State Dept. of Health ked, or Item 23 shows an	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Che	eck only one	»)			
DIVISION OF VITA DR ATTENDING PHYSICIAN: The OPPECTOR: After this certificate in sours after death with the State D tem 28 is marked, or item:	8	EXAMINER?	HOSPITAL:	B/Outpetlent 3 🗆		HER:		,	,			
SICIA Certif	PHY	27. MANNER OF DEATH	28s. DATE OF INJ		8b. TIME OF		ne 5 Residence		(Specify)	LIURY OCCU	RED	
		1 Netural 5 Pending	(Month, Day,	Year)	INJURY	W	ORK? YES 2 NO					
ON DING F	ВҰ	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF II	UURY — At home,	form street		200	286 1 004	TION (Street a	nd Number or	Promi Pour	Alumbas
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is man	<u>a</u>	4 Homicide 6 Could not be	building, etc.	. (Specify)		, toctory, one	~	City o	Town, State)	na reamber or	HURBI HOUSE	r Namuer,
DIVISION DE ATTEN DIRECTOR: hours after Item 28 i	4	29a. CERTIFIER		houseful 21s	-							
	COMPL	(Check only	ICIAN: To the best of my									
HOSPITAL FUNERAL within 72	8	2 MEDICAL EXAMINI	ER: On the basis of axem	ination and/or inve	stigation, in	my opinion, o	death occured at the	lima, data	and place, and	due to the	:ause(a) an	d manner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72	ш	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUN	/BER		29d. DATE S	AGNED (Mc	onth, Day, Year)
5 5 3 W	0 8	CX.	HO COMPLETED CAUSE (D323	395	5	10	-28	-92-
	2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE	OF DEATH (ITEM 27	7) (Type, Prin	1)						
		THOMAS E. FIND	LCAN MD	3 M	ALL	DIN 1	AVE, NO	CTH	EA	ST. 1	DZ	1901
		31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S	SIGNATURE								
		OCT 30'92	Julia Devids	on-Mandall	2							

11 H

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	J 21215-0020	ű
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	pital or attending physician.	de
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Page filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed for use as the burial-transit permit. Pa	8
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

	1. DECEDENT'S NAME (First, Middle, Last)	e R. Dick					2. DATE OF D	DAY	VEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lasi	hintaria i are	MOER 1 YEAR			er 25,1		1:00 P M			
	579-07-8647	1 M 27 F	94	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	(Year)	Country				
	9a. FACILITY NAME (If not institution, give		24		CITY TOWN (OR LOCATION OF DE	Dec. 2		Wasn:	ngton, DC			
Œ	Collingswood Nur	,		-	CITI, IOWN	Rockvil		90. 0	Montgo				
DIRECTOR	RESIDENCE OF DECEDENT				TOCK VITTE					JANUARY TO A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE			
#	10a. STATE 10b. COUNT	Y		200	WN OR LOCAT	- 71			10d. INSIDE CITY LIMITS?				
	Maryland Mor		Rockvi					1 X YES 2 NO					
FUNERAL	104. STREET AND NUMBER				101	. ZIP CODE	10g. CITIZEN OF Y			HAT COUNTRY?			
N N	299 Hurley Avenu					20850				States			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 N	O O	If yes, sp	ENDENT OF HISPAN octfy Cuben, Mexican	n, Puerto Rican		- 14. RACE Black,	- American Indian, White, etc.			
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 NO Specify	:		Specify				
	15. DECEDENT'S EDU (Specify only highest grade			CEDENT'S USU			16b. KINI	D OF BUSINESS	INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe.	ve kind of work of Do NOT use ret	red.)	si or working							
M M	12			Buyer			Clo	thing S	Store				
8	17. FATHER'S NAME (First, Middle, Last)	212				18. MOTHER'S NAI		_	0)				
H	John Randolph	Riagely					Laubac						
2	19a. INFORMANT'S NAME (Type/Print) Ann R. Cooper					nd Number or Rural F Drive, R				20850			
	20a. METHOD OF DISPOSITION				_								
	1 Donation 5 Other (Specify)					me of 10/26/ corium, I		20c. LOCATION		aryland			
H	21. SIGNATURE OF FUNERAL SERVICE LI		MOITEG	Omer y						cey Funeral			
	Mila Cu	Hir	_		Home/F	Rockville	, Inc.	, 300 v	V. Mon	gomery Ave			
	TRUCKELE F.	Julia											
	23. PART i. Enter the diseases, or shock, or heart fellure.	List only one ceuse on	ed the de- each line.	eth. Do not e	nter the mo	de of dying, suct	n as cerdiac	or respiratory	arrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Fine)									Onset and Death			
	resulting in death)	Myocard			lon					6 hours			
-	DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Heart Disease 5 year									5 ,,,,,,,,			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Arteriosclerotic Heart Disease 5 years DUE TO (OR AS A CONSEQUENCE OF):									J years			
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
트	that initiated events	DUE TO (OR AS	A CONSEC	UENCE OF):									
ER	resulting in death) LAST	d											
	PART II. Other significant condition	ns contributing to deeth	but not re	sulting in th	e underlying	ceuse given in	Part i. 24e.	WAS AN AUTOP:	SY 24h	WERE AUTOPSY FINDINGS			
EDICAL	Atrial Fibr							PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE			
							_ ' -	YES 2 NO		OF DEATH?			
Σ.							-			1 TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Che	ck only one)						
으Ⅱ	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	stpatient 3		HER: Nursing Hom	e 5 🗆 Residence	8 Other (So	nc(fv)					
S			28b. TIME OF	28c. INJ	URY AT			OCCURED					
HYS	27. MANNER OF DEATH	28. DATE OF INJURY 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY WORK? M 1 YES 2 NO								1			
3Y PHYSICIAN	27. MANNER OF DEATH XX Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)			- I 1U1	2 Accident investigation 28s PLACE OF INITIDY At home form street feeting office.							
B≺	27. MANNER OF DEATH TYX Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)	RY — At hor	ne, ferm, street			281. LOCATION	N (Street and Num	iber or Rural Ro	ute Number,			
ED BY	27. MANNER OF DEATH XX Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJUI	RY — At hor	ne, farm, street			281. LOCATION City or Tox	N (Street and Num vn, State)	nber or Rural Ro	ute Number,			
ETED BY	27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	(Month, Day, Year) 28a. PLACE OF INJUI	RY — At hor pecify)		, factory, office		City or Tov	vn, State)		ute Number,			
ETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined	(Month, Day, Year) 28s. PLACE OF INJUI building, atc. (Sp	RY — At hor	nth occurred at	, factory, office	and place, and due	City or Tov	vn, State) and manner as	stated.				
E COMPLETED BY	27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined	(Month. Day. Year) 28s. PLACE OF INJUI building, etc. (Sp. ICIAN: To the bast of my kno ER: On the basts of examinat	RY — At hor	nth occurred at	, factory, office	and place, and due	City or Tou	and manner as	stated. o the cause(s)				
BE COMPLETED BY	27. MANNER OF DEATH XX Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	(Month. Day. Year) 28s. PLACE OF INJUI building, etc. (Sp. ICIAN: To the bast of my kno ER: On the basts of examinat	RY — At hor	nth occurred at	, factory, office	and place, and due	City or Tou	and manner as place, and due to 29d. E	stated, o the cause(s) DATE SIGNED (and menner as stated.			
E COMPLETED BY	27. MANNER OF DEATH 5\(\bigcap \text{Natural} \) 2 \(\bigcap \text{Accident} \) 3 \(\bigcap \text{Suicide} \) 4 \(\bigcap \text{Homicide} \) 29e. CERTIFIER (Check only one) 2 \(\bigcap \text{MEDICAL EXAMINITY} \) 2 \(\bigcap \text{MEDICAL EXAMINITY} \) 30. NAME AND ADDRESS OF PERSON WITH	28a. PLACE OF INJUI building, etc. (Sp. ICIAN: To the bast of my kno ER: On the basis of examinat	RY — At hor necify) At hor necify) dec	oth occurred at investigation, in	the time, data	and place, and due eath occured at the 29c. LICENSE NUM 07231	City or Tou to the cause(a) time, data and	and manner as place, and due to	stated. o the cause(s) DATE SIGNED (and menner as stated. Month, Day, Year)			
BE COMPLETED BY	27. MANNER OF DEATH	28a. PLACE OF INJUI building, etc. (Sp. ICIAN: To the bast of my kno ER: On the basis of examinat	RY — At hor necify) At hor necify) dec	oth occurred at investigation, in	the time, data	and place, and due eath occured at the 29c. LICENSE NUM 07231	City or Tou to the cause(a) time, data and	and manner as place, and due to	stated. o the cause(s) DATE SIGNED (and menner as stated. Month, Day, Year)			
BE COMPLETED BY	27. MANNER OF DEATH 5\(\bigcap \text{Natural} \) 2 \(\bigcap \text{Accident} \) 3 \(\bigcap \text{Suicide} \) 4 \(\bigcap \text{Homicide} \) 29e. CERTIFIER (Check only one) 2 \(\bigcap \text{MEDICAL EXAMINITY} \) 2 \(\bigcap \text{MEDICAL EXAMINITY} \) 30. NAME AND ADDRESS OF PERSON WITH	28a. PLACE OF INJUI building, etc. (Sp. incian: To the bast of my knotes: On the bast of examinat to complete CAUSE OF C. Jr., M.D., 2	RY — At hor eacily) wiedge, dealer and/or in	oth occurred at investigation, in	the time, data	and place, and due eath occured at the 29c. LICENSE NUM 07231	City or Tou to the cause(a) time, data and	and manner as place, and due to	stated. o the cause(s) DATE SIGNED (and manner as stated. Month, Day, Year) c 26, 1992			
BE COMPLETED BY	27. MANNER OF DEATH XX Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 30. NAME AND ADDRESS OF PERSON WI- James R. Moore, 1	28a. PLACE OF INJUI building, etc. (Sp. IICIAN: To the bast of my knot provided in the complete CAUSE OF E	RY — At hor eacily) wiedge, dealer and/or in	oth occurred at investigation, in	the time, data	and place, and due eath occured at the 29c. LICENSE NUM 07231	City or Tou to the cause(a) time, data and	and manner as place, and due to	stated. o the cause(s) DATE SIGNED (and manner as stated. Month, Day, Year) c 26, 1992			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transit pen be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cemation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and of within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bu	RTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumati

ITEMS: 23 PART I, II, 27 PER MEO G-693 11/17/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF D	DEATH	REG. NO.						
- 6	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	Michel_e Lynn	J		10 30		3:42 P.M					
		Dorses E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign				
	216-88-2427 1□ M 2 🖔 F	29 YRS. MC	NTHE DAYS H	IOURS MIN.	(Month, Day, Year) 1/18/63	Count	yland				
	9a. FACILITY NAME (If not institution, give street and number)	91	. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF C					
FUNERAL DIRECTOR	Carroll County General Westmin ster Carroll										
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
ā	Maryland Carroll	U	nion Br	idge			LIMITS?				
3	10e. STREET AND NUMBER		101. Z	IP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
9	500 Green Valley Rd.			21791		U.S.	Α.				
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS OECEDENT EVER FORCES? 1 YE	R IN U.S.,ARMED			IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		E — American Indian, k, White, etc.				
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES		NO Specify		Spec					
COMPLETED	16. DECEDENT'S EDUCATION	16a. DECEDENT'S US			16b. KIND OF BUS	INESS/INDUSTRY	DIACK				
<u> </u>	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of tired.)	of working			/				
MP	12	assembly	line wo	orker	lightir	ng produc	its				
8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden :						
BE	n/a			No	ra Louise	Butler					
2	19a. INFORMANT'S NAME (Type/Print)				loute Number, City or Town						
	David F. Dorsey, Sr.				Union Bri						
	20a, METHOD OF DISPOSITION 1 ABurlal 2 Cremation 3 Removal from State	96. PLACE AND OATE OF C	ISPOSITION (Name	of	DATE 20c. LOC	CATION — City or To	wn, State				
	4 Donation 5 Other (Specify)	emetery, cremetory or other Mountain Vi	lew Ceme	tery	11/3 Uni	on Bridg	e, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	21	22. NAME AND	ADDRESS OF FAC	D.D. Har	tzler &	Sons				
	23. PART I. Enter the diseases, or complications that could	ar	Unio	n Bridg	e, MD						
	shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DIABETES	each line.			т на сагонас от геври	atory arrest,	Approximate Interval Between Onset and Death				
	OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, first any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
₹ I	cause. Enter UNDERLYING										
Ě	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
ᇤᅵ	resulting in death) LAST	resulting in death) LAST									
	PART II. Other significant conditions contributing to death	but not moulting in t	he undertving o	auga alima la	Part I. 24s. WAS AN	urmany law					
DICAL	NINE WEEKS PREGNANCY	but not resulting in t	ne underlying c	ause given in	PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
	NING WEEKS PREGNANCY				1 N YES 2	□ NO	OF DEATH?				
Σ					_		1 X YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: ME	EXAMINER? HOSPITAL:		THER:	E OF DEATH (Che	- 11						
¥ I	YES 2 NQ 1 Inpetient 2 € ER/O				8 Other (Specify) 28d, DESCRIBE HOW IN	HIRV OCCUPED					
BY P	1 XX Natural 5 Pending (Month, Day, Year 2 Accident Investigation		WORK	? ^'' 2	280. DESCRIBE NOW IN	JOHT OCCURED					
	- Autoria	RY — At home, farm, stree	t, factory, office		281. LOCATION (Street as	nd Number or Rural F	Route Number,				
	4 Homicide datermined	occny)			City or Town, State)						
2 1	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kind	owledge, death occurred a	t the time, date an	d place, and due	to the cause(s) and man	ner se stated					
COMPLETE	one) 2 MEOICAL EXAMINER: On the basis of examinat) and menner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER		2:	9c. LICENSE NUM	BER	29d. DATE SIGNEO	(Month Day Year)				
8	Wonald & Wright MD			0.0	.M.E.		1/1992				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CONALD G, WRIGHT ND			t. Bal	timore,						
	31. DATE FILEO (MONTH, Day, Year) NOV 0 4 92	Miles of the second	20200	3, Dai		ad y I all	21201				
1	NOV O T OF										

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Projon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFI	TMENT OF HEALTH AND NICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest)	Jarris		2. DATE OF DEATH MONTH DAY 10 - 30 - 9	SEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 202-50-9346	5. SEX 1 M 2 F G. AGE (In yrs. lest birthdey) 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	IF UNDER 1 YEAR		BIRTHPLACE (State or Foreign Country)					
TOR	98. FACILITY NAME (If not institution, give single Ster Care Ster Caresidence of decedent	Leneral Hosp	Ob. CITY, TOWN OR LOCATION OF DE	e Bc. COUNT	rchester					
L DIRECTOR	10a, STATE 10b, COUNTY DO	10d, INSIDE CITY LIMITS? 1 X YES 2 NO								
FUNERAL	619_School		101. ZIP CODE	3	N OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxicer 1 YES 2 NO Specify	n, Puerto Rican, etc.)	4. RACE — American Indian, Black, Whita, atc.					
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		USUAL OCCUPATION rork done during most of working e retired.)	16b. KIND OF BUSINESS/INDU	STRY					
COMPL	17. FATHER'S NAME (First, Middle, Leel)		18. MOTHER'S NAM	AE (First, Middle, Maiden Sumame)						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural R	Oute Number, City or Town, State, Zio C	ode)					
2	Horace Phill.	o Scho	elhouse lang	Camb. M	2.2013					
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remeded Donation 6 Other (Specify)	oval from State 20b. PLACEAND DATEO cemeleny prematory on of	her niecel	DATE 200 LOCATION - CH	ty or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LIC		122. NAME AND ADDRESS OF FACE	NERGI HON NOTON St. CO						
	23. PART J. Enter the diseases, or can shock, or heart fellure.	complications that caused the death. Do not be complications that cause on each line.	ot enter the mode of dying, such	as cardiac or reapiratory arres	Approximata					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spinlaneurs Battleul Chairmiles - fasancie a. Spin									
NO	Sequentially list conditions b. OSCICES 2P allerhal Induching Sequentially list conditions									
CATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Unlende	w -Cb	Tunu	0					
MEDICAL C	PART II Other significant condition	is confiributing to death but not confulling in	n the underlying cause given in	PARTT. 24s. WAS AN AUTOPSY PERFORMED?	24h. WERE AUTOPSY FINDINGS MAIL AIRLE PRIOR TO COMPLETION OF CAIME OF DEATH?					
					1 - YES 2 - NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO		26. PLACE OF DEATH (Cho							
PHY	27. MANNER OF DEATH	28s. DAYE OF INJUSTY 28b. TIME (Month, Day, War) INJU		284. DESCRIBE HOW INJURY OCCU	RED					
ВУ	1 Metural S Pending Investigation 3 Suicide S South and he	28s. PLACE OF INJURY — At home, farm, at	M 1 YES 2 NO	1 ☐ YES 2 ☐ NO						
TED	4 Homicide determined	building, etc. (Tipscriy)	and seconds of the	City or Ewen, State)	Plurar Picture Humbec					
COMPLET		CIAN: To the best of my knowledge, death occurred. R: On the bests of examination and/or investigation.								
BE CC	THE STONATURE AND TITLE OF CERTIFIES		ZPO-LICENSE NUM		SIGNED (Month, Day, Year)					
TO 8	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEATH-UZEM 27) (Type,	W 13/	108 10	129/92					
	Judy C. Was	shinston, MID 4	108 Byn S	Frank Camb	ridge 216B					
	DOL OF TOO	32. REGISTRAR'S SIGNATURE	.00		0					

must

examiner

hospital or attending physician.

2

ofter death. Page 6 may

BALTIMORE, MARY AND 21215-0020

	MOUNT	d in	E
	24	fille tion.	the
0,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in be fleet within 72 hours after death with the State Deor, of Health and Mental Hydlene prior to burlat, cremation, or in	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	≯ Pe	omp	2
2	ecut	nd c	을
×	9	an a	Ë
Š	d en	Sici	E
	tifica	one ene	Per
S	Cer	Hydin	0
-	leath	atte	7.
2	the o	Me the	를
H	hat	d by	J.
3	res t	igne	60
Ţ	nba	en s	100
	3W	s be	23
4	The	te ha	E
5	AN:	Sta	=
_	SICI	Cert the	1,0
0	PHY	this	Te e
S	ING	After	E
7	ENO	JR: /	-00
5	ATT	ECTT S at	12
5	O.	DIR	Te l
	M	A E	=
	\$	UNE	M
	포	H B	ORT
	10 T	5 m	MP
	-	-	-

CHUD

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year)
OCT 2 3 1992

92 31850 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 Edward JOHN 10 3.59 Am PUR ASKI 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) New Jersey (Month, Day, Year) 03/ 20/ 30 1 M 2 | F DAYS HOURS 153-20-7366 VRS Sa. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WICOMICO DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Delaware Sussex Delmar 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 2, Box 236 19940 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 XDivorced white COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 mechanic automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward John Duraski BE unknown 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 2, Box 236, Delmar, Delaware 19940 Louise Demsey 20s. METHOD OF DISPOSITION
1 Devial 2 XCremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Special Structure of Funerial Service LICENSES Salisbury Crematory

Salisbury Crematory 10/22 Salisbury, Md 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) COMILETE HEART BLUCII DUE TO (OR AS A CONSEQUENCE OF): ARTERY DISEASIE CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING ASCUD
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO ELECTROLYTE ADNORMALTIE COMPLETION OF CAUSE OF GEATH? 1 - YES 2 0 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 N Inpatient 2 ER/Outpatient 3 DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 🔲 Homicide 29a. CERTIFIER
(Check only one)
2 FT MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Chollnuk 30. NAME AND ADDRESS OF PERSON WHO GOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 020912 10-20-92 2

QUINCY TLUCASTIT STEISBORY MY 21501

DIVISION OF VITAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMONE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be entered by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, was 5 should to detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Meatith and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must invest in once.

	FOR	OTATE OF A	DV/ AMD (~= 111				-	2 3	31851
	1 - STATE REGISTRAR	SIAIE UF N	MARYLAND /				EALTH AND DEATH	MENTA	L HYGIEN REG. NO.	E		
- 3	1. DECEDENT'S NAME (First, Middle, Last)				-		1		OF DEATH			3. TIME OF DEATH
	Beulah Ma	.e)e	al	Oct			992	0730 · m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	//	IF UNDER 1 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	219-05-3416	1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS MIN.	8-	10-19	10	Mar	yland
NO BO	9a. FACILITY NAME (If not institution, give s PENINSULA REGIONA	,	L CENTE	R			BURY	DEATH			I COM	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION									
E	100.00011											10d. INSIDE CITY LIMITS?
	Maryland Wic	omico		I FI	ruit		ZIP CODE			10- 017	TIZEN OF Y	1 TYES 2 NO
FUNERAL	Rt. 9 South Di	vision	St. Ex	ct.			21801				S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	MED	13. WA	S DECE	NDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACI	E — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO			city Cuben, Mexic 2 NO Spec		Rican, etc.)		Spec	k, White, etc. Black
											DIACK	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Man	live kind of w . Do NOT use	ork done dur retired.)	ring mosi	t of working					
를	12		' I	omes	stic				Non	е		
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,				
l w l	Walter Scott B	anks					Viola	Edga	ar Po	lk		
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street an	d Number or Rural	Route Num	ber, City or Town	n, State, Zi	p Code)	
-	Alexine Cornis	h	6	12 H	lill	St	reet S	ali	s. Md	. 2	1801	
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	20b. PLACE. cemetery, co	matory or oth	her place)	ION (Nan	ne of	DAT			City or To	
	4 Donation 5 Other (Specify)	ENCEE	- Mt C	alva	ary				Fr	uitl	and	, Md.
	> Gladys T	3. Stewart Clinton F. Stewart-Salis Md										
	23. PART I. Enter the dispases, or o shock, or heart fellure.	omplications tha	t caused the de	eath. Do no	ot enter th	ne mod	le of dying, su	ch aa car	diac or respi	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final				NEA	25	ion a	+ 12e	WEST	CCT	Tern	Interval Between Onset and Death
	reading in county	a. Myo	(OR AS A CONSE	OUENCE OF):	-		,				
S S	Sequentially list conditions,	b	O Zer	ARY	17	rile	y Wis	eas	2			
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		(OH AS A CONSE	QUENCE OF):							İ
띮	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF);							+
ERT	resulting in death) LAST	d										
O	PART II. Other significant condition	e contribution to	death but ant .			andred as a						
MEDICAL	HTW		Corne			errynig	cause given ii	i Part I.	24a. WAS AN PERFOR	MED?	240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	= On a lie		- OF OCC	C/4-5 / 1				_	1 YES 2	M NO		OF DEATH?
	(A. O.							_				1 YES 2 XNO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PLA	CE OF DEATH (C	hack only o	ne)			
Sic	EXAMINER? 1 Tes 2 To No	HOSPITAL:	ER/Outpatient 3		OTHER:							· · · · · · · · · · · · · · · · · · ·
T 27. MANNER OF DEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(MONIN, D	ey. roer)	INJU		WOR	IK? ES 2 NO					
	3 Suicide 6 Could not be datarmined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, st	ireet, factory	y, office		26f, LOC City	CATION (Street a or Town, State)	nd Numbe	or or Rural I	Route Number,
Щ	29a, CERTIFIER		_	-								
COMPLETE	(Check only one) 1 CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the besis of a										Name and the same of
	296. SIGNATURE AND TITLE OF CERTIFIEF		and of	gmi011	., my upir				aru piece, an			
BE	JOHN JOHN AND HILLE OF CENTIFIER	0	NIC				29c. LICENSE NU			29d. DAT	IE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH		1,11				101	دران		- 1	0/0	7/76

Julia Paristrantos signature

Julia Paristrantos signature

Julia Paristrantos signature

Michael A-31. DATE FILED (MODILI), DOILY, N OCT 2 7 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21801

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

within 24 hours after commenter 6 may be retained by the hospi	pletely filled in by the meral director page 5 should be detached yemation, or removal.	ent, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after each. Place 6 new be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the uncertainty page 5 should be detached be filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examines must be notified at once.

1 - STATE REGISTRAR	STATE OF MA	CE	HIIF	ICATE OF	DEAL	H	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH	AV	YEAR	3. TIME OF DEATH
	ICE ALME			}			10/27/	92	TEAN	12:18 P
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		8, BIRTI	HPLACE (State or Foreign
213 74 7976	1 M 2 F	101	YRS.	WORTHS DAYS	HOURS	MATEL.	7/21/1	891		RYLAND
9a. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY, TOWN	OR LOCATION	N OF DEATH	1	9c. COL	JNTY OF C	DEATH
CALLA HILL				MT.	SAVA	GE.		A1	LLEG	ANY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			40. 017	Y. TOWN OR LOCA						
				,						10d, INSIDE CITY LIMITS?
MARYLAND AI	LEGANY	MT. SAVAGE								1 TES 2 NO
				10	. ZIP CODE					WHAT COUNTRY?
CALLA HILL						545			S.A	
11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YER IN U.S. ARMED YES 2 NO 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic.					ORIGIN? (Specify Yes	n or No-	14. RAC	E — American Indian, k, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES X			2 NO		out to thours, ato.)		Spec	
15. DECEDENT'S EDUCA	ATION	1.00			Λ					WHITE
(Specify only highest grade of	completed)	(Gh		USUAL OCCUPATION vork done during mo			16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			,			OTTN	TION	ATT.	
17. FATHER'S NAME (First, Middle, Last)		I HUI	USEW	TEE				HON	ME	
	TET OMI	DIII					First, Middle, Maiden		777	
JOSIAH DAN 19a. INFORMANT'S NAME (Type/Print)	VIEL STU						IE MAE			
							Number, City or Tow			
DONNA HUNT						• SA	VAGE, M	D 2.	1545	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remov	val from State	20b. PLACE A	NO DATE C							
4 Donation 8 Other (Specify)		cemetery, crem							City or To	
21 SIGNATURE OF BUMERAL SERVICE LICE.	Sees	GREEN		NT CEM	ETER		0/29 CU	MBEI	RLAN	D, MD 21.
21. SIGNATURE OF TUNERAL SERVICE LICE	SEE MA	GREEN		NI CEM	ETER	SOWE	0/29 CU RS FUNE	MBEI RAL	RLAN	D, MD 21.
23. PART I. Enter the diseases, or co	Implications that co	OWEK	MYOU O	NT CEM 22. NAME AP	ETER	SOWE IN S	0/29 CU RS FUNE F., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21 E, P.A. MD 2153
23. PART i. Enter the diseeses, or co	Implications that co	OWEK	MYOU O	NT CEM 22. NAME AP	ETER	SOWE IN S	0/29 CU RS FUNE F., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21 E, P.A. MD 2153 Approximate interval Between
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition	emplicatione that crist only one ceuse	OWEK bused the dea on each line.	NMOU	22. NAME AP 60 W ot enter the mo	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21. E, P.A. MD 2153 Approximate interval Between
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final	emplicatione that crist only one ceuse	OWEK bused the dea on each line.	NMOU	NT CEM 22. NAME AP	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21. E, P.A. MD 2153 Approximate interval Between
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplicatione that crist only one ceuse	OWEK bused the dea on each line.	NMOU	22. NAME AP 60 W ot enter the mo	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21. E, P.A. MD 2153 Approximate interval Between
23. PART i. Enter the diseeses, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final diseese or condition resulting in death) a. Sequentially list conditione,	Arte	OWEK bused the dea on each line.	nth. Do n	60 W ot enter the mo	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21. E, P.A. MD 2153 Approximate interval Between
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	Arte	pused the dea on each line.	nth. Do n	60 W ot enter the mo	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21 E, P.A. MD 2153 Approximate interval Between
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate	Arte DUE TO (OF	pused the dea on each line.	nth. Do n	22. NAME AP 20. NAME AP 60 W ot enter the mo	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21. E, P.A. MD 2153 Approximate interval Between
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Arte DUE TO (OF	pused the dea on each line. PIOSC AS A CONSECU	nth. Do n	22. NAME AP 20. NAME AP 60 W ot enter the mo	ETERNIO ADDRESS	SOWE IN S'	0/29 CU RS FUNE T., FRO	MBEI RAL STBI	HOM JRG,	D, MD 21 E, P.A. MD 2153
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arte DUE TO (OR	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n	22. NAME AP 60 W ot enter the mo	ETER OF ADDRESS (A. MA.) de of dying	SOWE IN S' g, such ec	0/29 CU RS FUNE T., FRO coordisc or reepi	MBEI RAL STBI	HOM JRG,	D, MD 21. E, P.A. MD 2153 Approximate interval Between
23. PART i. Enter the diseeses, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final diseese or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	Arte DUE TO (OR	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n	22. NAME AP 60 W ot enter the mo	ETER OF ADDRESS (A. MA.) de of dying	SOWE IN S' g, such ec	O/29 CU RS FUNE T., FRO o cerdiec or reepi ase	MBEI RAL STBI iretory ar	HOM JRG,	D, MD 21 E, P.A. MD 2153 Approximate interval Betwee Onset and Dea
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arte DUE TO (OR	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n	22. NAME AP 60 W ot enter the mo	ETER OF ADDRESS (A. MA.) de of dying	SOWE IN S' g, such ec	O/29 CU RS FUNE T., FRO o cerdiec or reepi ase	MBEI RAL STBI iretory ar	HOM JRG,	D, MD 21 E, P.A. MD 2153 Approximate interval Betwee Onset and Dea
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arte DUE TO (OR	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n	22. NAME AP 60 W ot enter the mo	ETER OF ADDRESS (A. MA.) de of dying	SOWE IN S' g, such ec	O/29 CU RS FUNE T., FRO o cerdiec or reepi ase	MBEI RAL STBI iretory ar	HOM JRG,	D, MD 21 E, P.A. MD 2153 Approximate interval Betwee Onset and Deal WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arte DUE TO (OR	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n	22. NAME AP 60 W ot enter the mo	ETER OF ADDRESS (A. MA.) de of dying	SOWE IN S' g, such ec	O/29 CU RS FUNE T., FRO o cerdiec or reepi ase	MBEI RAL STBI iretory ar	HOM JRG,	D, MD 21 E, P.A. MD 2153 Approximate interval Betwee Onset and Dea
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other eignificent conditions	DUE TO (OF DUE TO (OF Contributing to de	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n	22. NAME AP 22. NAME AP 60 W ot enter the mo	ETER MA de of dying	SOWE. IN S' g, such ee	O/29 CU RS FUNE F., FRO cerdiec or reepi ase	MBEI RAL STBI iretory ar	HOM JRG,	D, MD 21 (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal ware autopsy findings and autopsy findings and completion of cause of death?
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR DUE TO (OR Contributing to de	eused the dea on eech line. PIOSCI AS A CONSECU AS A CONSECU AS A CONSECU	nth. Do n	center of the model of the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlying the underlyin	ETER MA MA de of dying art I	SOWE. IN S' g, such ed Dise	O/29 CU RS FUNE T., FRO cerdiec or reepi ase	MBEI RAL STBI iretory ar	HOM JRG,	D, MD 21 (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal ware autopsy findings and autopsy findings and completion of cause of death?
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	Pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	nth. Do n ler of UENCE OF UENCE OF	22. NAME AP 22. NAME AP 60 W ot enter the mo 11. He 11. He 22. NAME AP 60 W ot enter the mo 24. He 25. PL OTHER: 4 Nursing Home 26. PL 27. PL 28. PL 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI	ETER OF DEAD PROPERTY AT	Pen in Peri	O/29 CU RS FUNE T., FRO cerdiec or reepi ase 1. 24a. WAS AN PERFOR 1 YES 2	MBER RAL STBU Iretory ar	HOM JRG, reet,	D, MD 21 (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal ware autopsy findings and autopsy findings and completion of cause of death?
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF	Pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	neth. Do not lero uence of uence of uence of	22. NAME AP 22. NAME AP 22. NAME AP 60 W of enter the mo chic He 3: 3: The underlying 28. PL 4 Nursing Home 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. INJI 28. I	ETER MA	Pen in Peri	O/29 CU RS FUNE T., FRO cerdiec or reepi ase	MBER RAL STBU Iretory ar	HOM JRG, reet,	D, MD 21 (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal ware autopsy findings and autopsy findings and completion of cause of death?
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO	eused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	DOA TIME	pecplace) CEM 22. NAME AP 60 W ot enter the mo ctic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic He critic	ETERY ADDRESS MA de of dying art I ceuse giv ACE OF DEA 5 OF Bell RKY ES 2 1	Ven In Peri	O/29 CU RS FUNE T., FRO cerdiec or reepi ase 1. 24a. WAS AN PERFOR 1 YES 2	MBER RAL STBI Iretory ar AUTOPSY MED? X) NO	HOM JRG, reet,	D, MD 21. (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset an
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST DART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 2 Neturel 5 Pending Investigation	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO	eused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	DOA TIME	propage CEM 22. NAME AP 60 W ot enter the mo ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He ctic He	ETERY ADDRESS MA de of dying art I ceuse giv ACE OF DEA 5 OF Bell RKY ES 2 1	Ven In Peri	O/29 CU RS FUNE T., FRO cerdiec or reepi ase 1. 24a. WAS AN PERFOR 1 YES 2	MBER RAL STBI Iretory ar AUTOPSY MED? X) NO	HOM JRG, reet,	D, MD 21. (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset an
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Vers 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF	pused the deal on each line. PIOSC AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AS A CONSE	DOA 286. TIME	22. NAME AP 22. NAME AP 60 W of enter the mo 11 C. He. 11: 12: 13: 14 Nursing Hom. 15: 16: 17: 18: 18: 19: 19: 10: 10: 10: 10: 10: 10	ETER	Yen In Peri	O/29 CU RS FUNE F., FRO cerdiec or reepi ase 1. 24a. Was an PERFOR 1 YES 2 Other (Specify) Describe How in Location (Street a City or Town, State)	MBER RAL STBU retory ar AUTOPSY MED? X) NO	HOM JRG, Treet,	D, MD 21. (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset an
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X SECONDATE 26. WAS CASE REFERRED TO MEDICAL INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INV	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF	pused the dea on each line. PIOSC AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION	DOA 28b, TIME, farm, sth occurred	22. NAME AP 22. NAME AP 60 W of enter the mo tic He 3: 1: 1: 1: 28. PL OTHER: 4 Nursing Home 1 View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View	ETER MA de of dying art I	Yen in Peri	O/29 CU RS FUNE Ta, FRO cerdiec or reepi ase 1. 24a. Was an PERFOR 1 YES 2 Thy one) Other (Specify) Describe How is City or Town, State)	MBER RAL STBU retory ar AUTOPSY MED? X) NO	HOM JRG, Treet,	D, MD 21. (E, P.A. MD 2153 Approximate interval Betwee Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death
23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF	pused the dea on each line. PIOSC AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION	DOA 28b, TIME, farm, sth occurred	22. NAME AP 22. NAME AP 60 W of enter the mo tic He 3: 1: 1: 1: 28. PL OTHER: 4 Nursing Home 1 View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View	ETER MA de of dying art I	Yen in Peri	O/29 CU RS FUNE Ta, FRO cerdiec or reepi ase 1. 24a. Was an PERFOR 1 YES 2 Thy one) Other (Specify) Describe How is City or Town, State)	MBER RAL STBU retory ar AUTOPSY MED? X) NO	HOM JRG, Treet,	D, MD 21. (E, P.A. MD 2153 Approximate interval Betwee Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death
23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X SECONDATE 26. WAS CASE REFERRED TO MEDICAL INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INV	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF	pused the dea on each line. PIOSC AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION	DOA 28b, TIME, farm, sth occurred	22. NAME AP 22. NAME AP 60 W of enter the mo tic He 3: 1: 1: 1: 28. PL OTHER: 4 Nursing Home 1 View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View View	ETER MA de of dying art I	OF FACILITY SOWE. IN S' g, such ed Pen in Pen TH (Check of dence 8 28c NO 28f at the time	O/29 CU RS FUNE Ta, FRO cerdiec or reepi ase 1. 24a. Was an PERFOR 1 YES 2 Thy one) Other (Specify) Describe How is City or Town, State)	MBER RAL STBI iretory ar AUTOPSY MED? X) NO	HOM JRG, reet, 24b.	D, MD 21 (E, P.A. MD 2153 Approximate interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and

CUMBERLAND, MD 21502

124 W 3RD ST 32 REGISTRAT'S SIGNATURE Julia Davidson-Aandase

ST

31. DATE FILED (Month Pay, Your UC) 29 1992

		1. DECEDENT'S NAME (First, Middle,	Last)					DEATH		DATE OF DEATH	N.	YEAR 3.	TIME OF DEATH	
		WILLTAM 4. SOCIAL SECURITY NUMBER	BRUCE		DEAN	J	_		_	10 30		2	1234 P	
		216-16-7893	5. SEX	6. AGE (In yrs. le	st birthday)	MONTHS	DAYS	HOURS M	III.	Month, Day, Year)		Country)	CE (State or Foreign	
pino		90. FACILITY NAME (If not institution,		08	THS.	Oh CITY	TOMANA	OR LOCATION		-17-192		Mary	land	
3 should	2	the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the s	Race St.			90. CITY,		mbrid					ster	
1, 2,	5	RESIDENCE OF DECEDEN	IT				Ca	.IIIDI I U	ge		17(rene	ster	
020 physician. burial-transit permit. Pages	DIRECTOR	Maryland 10b. c	Dorches	ter	10c. CITY	r, TOWN O		Cambr	idge				1. INSIDE CITY LIMITS? YES 2 NO	
Ped	¥	10e. STREET AND NUMBER					10	H. ZIP CODE	10g. CITIZEN				COUNTRY?	
an. ransit	FUNERAL		ace St.					2	1613	USA				
0 8 8	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 X YES 2 X WAR OR OATES	RMED	H	i yes, s		lexican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No-	Black, W	American Indian. hite, etc. White	
215 attend		16. DECEOENT' (Specify only highest	B EDUCATION grade completed)	16a. O	CEDENT'S	USUAL OC	CUPATI	ON osl of working		16b, KINO OF BUS	INESS/INDU	STRY		
12 tal or 15 to 1	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT us	e retired.)								
AND the hospi detached detached	₩.	11 Years 17. FATHER'S NAME (First, Middle, La		Eq	uipm	ent	Ор	erato		County		ls De	pt.	
MARYLAND 212: retained by the hospital or att 5 should be detached for use sotified at once.	BE CC	William	Bruce De	ean				16. MOTHER		irst, Middle, Malden Zel Aal	-,			
MAR retained 8 5 should notified	TO B	Betty Rose		19	802	Race	(Street	end Number or I	aurel Acute mbri	Number, City or Town	state, Zip o	nd 2	1613	
DARE MAN BER		20e. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other piece) Dorchester Mem. Park 11-2 Cambridge,												
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Thomas Funeral Home												
BAN		> Kerenty	IR Than			70	00	Locus	t St	. Cambi	idae	, Md	. 21613	
1760, ted within 24 hours to completely filled in by mial, cremation, or remove; event, the medical		23. PART I. Enter the disease shock, or heart fel IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	O OR AS A CONSE	D.					cardioc or reapi	attory arre	,	Approximata interval Between Onset and Death	
Secure and and burn	NOL	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
certifica ding ph Hygiene rr other	CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A CONSE	OUENCE OF	ŋ:		4					1/	
S, deat deat deat ental		DADY II On a second	d										the second	
Signed by Health and Iws any Ir	MEDICAL	PART II. Other significant con	oitiona contributing to	death but not	resulting i	n the und	deriyin	g cause give	n in Part	i. 24a. WAS AN PERFOR	MED?	COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AL RE e law req has been Dept. of	N.												3 120 2 110	
F VITAL SICIAN: The law certificate has the State Dept 1, or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		LACE OF DEAT	N (Check or	nly one)				
ICIAN:	HYS	1 YES 2 NO		☐ ER/Outpatient 3		4 🗆 Nursi	ing Hon	ne 5 🗆 Reside						
NG PHYSI frer this c eath with marked,	ву РН	1 Netural 5 Pending		F INJURY Day, Year)	28b, TIMI	DRY M	W	JURY AT DRK? YES 2 NO		DESCRIBE HOW IN	JURY OCCL	RED		
TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI TT	OĐ.	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, tactory, office City or Town, State)										Rural Route	Number,	
Z Z N = Check only													d manner ee stated.	
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	296. SIGNATURE AND TITLE OF CER	Brono,	n 0			Т	29c. LICENSE	NUMBER		29d. DATE	SIGNED (Mo	ntill, Day, Year)	
FEB	9	30. NAME AND ADDRESS OF PERSO	N WNO COMPLETED CAU	ISE OF DEATH (ITE			(Cambrid	lge.	MD 2161	3	0100	16-	
		31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE					,					

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17	REGISTRAR		_				DEALH		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				***			2. DATE OF (DEATH			3. TIME OF DEATN	
	IRENE	EVA	INS					MONTH	28,	199:	YEAR	9:00 P m	
	4. SOCIAL SECURITY NUMBER	5. SEX		- A Billet 1 :		T				1フブ.			
			6. AGE (In yrs. I		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	(. Year)		8. BIRTH Countr	PLACE (State or Foreign y)	
	525-80-2102	1 M 2 KF	63	YRS.				Jan 20	0, 19	929		nania	
!	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY,	TOWN D	R LOCATION OF DE		-		NTY OF D	EATN	
Œ	7401 Vandenberg (Court			Lan	ham							
5	RESIDENCE OF DECEDENT	2001.0			Laili	ιιαιιι				LT.	THEE	George's	
DIRECTOR	10e. STATE 10b. COUNTY	7		10c. CIT	Y, TOWN OF	R LOCATI	ION					10d. INSIDE CITY	
뜻	Maryland Princ	ce George	10		10000		26.					LIMITS?	
51	10e. STREET AND NUMBER	oc devige	, 3	_ up	oer M	_						1 YES 2 NO	
*				101. ZIP CODE								VHAT COUNTRY?	
車	11107 Parkmont Di	rive		20772						ted S	States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A						ectfy Yes	14. RACE	— American Indian,		
	1 Never Married 2 Married	FORCES? 1	YES 2X	INO			cify Cuban, Mexica 2 NO Specify		, etc.)		Black	t, White, etc.	
B√	3 Widowed 4 Divorced					_ 123	2 (J(10 space)	•			Speci	" White	
	15. DECEDENT'S EDUC		16a. D	ECEDENT'S	USUAL OC	CUPATIO	N	16b. KIN	D OF BUS	INESS/IN	DUSTRY	200	
E	(Specify only highest grade	Give kind of le. Do NOT u	work done du se retired.)	luring mos	at of working								
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	ousew	,			0	n Hor	m C			
E			110	JUSEW.	TIG								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA		, Maiden				
BE	Victor	La	ang				Barbar	a		H	offma	an	
	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street ar	nd Number or Rural I	Route Number, C	ity or Town	, State. Zi	p Code)		
임	Robert J. Evans	(Son)	1				ane, Bo		MD	207			
	20e. METHOD OF DISPOSITION	(3011)										2.00	
	1 Burial 2X Cremation 3 Remo	cemetery, c	rematory or o	OF DISPOSIT			DATE			City or To			
	4 Donation 5 Other (Specify)		_ Subi	urbán	Crem		ry	10-29	Sil	ver	Spri	ng, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			22. N	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services,							
	11 6	011	1.47	10007								00046	
	Sem-B	·ew		00827		5 G.	ist Ave,	Silve	r Sp:	ring	, MD	20910	
	23. PART I: Enter the diseases, or of shock, or heart failure.	complications the	t coused the c	leeth. Do i	not enter t	the mod	de of dying, suc	h aa cardlec	or reapi	ratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final		III	<u> </u>								Onset and Death	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Chroni	c Myelo	neno	اد ا	Ikom	ia in h1	act or	icia			5 Months	
	resulting in death)			Myelogenous leukemia in blas					TOT2	-		- > MOLITIES	
_		3,52,00										i II	
8	Sequentially list conditions,	b. DUE TO	(OR AS A CONS	FOLIENSE -									
F	If eny, leading to immediate	DOE 10	(UN AS A CUNS	EUVENUE O	rj:							i i	
3	CAUSE (Disease or injury	c											
ပ္က			(OR AS A CONSI	EQUENCE O	F):							1	
TE	that initiated events	DUE TO											
ERTIFIC	that initiated events resulting in death) LAST	1											
	resulting in death) LAST	d											
AL CERTIFICATION		d	death but not	resulting	in the und	deriying	cause given in	Part i. 24a	WAS AN		24b	WERE AUTOPSY FINDINGS	
	resulting in death) LAST	d	death but not	resulting	in the und	deriying	cause given in		PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	resulting in death) LAST	d	death but not	resulting	in the und	deriying	cause given in			MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
EDICAL	resulting in death) LAST	d	death but not	resulting	in the und	deriying	cause given in		PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	PART II. Other significent condition	d	death but not	resulting	in the und			1	PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
EDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	death but not	resulting		26. PL	Cause given in	1	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
EDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	d to			OTHER	26. PL		1 [PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
EDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpetient 2 28a. DATE OF	ER/Outpatient	3	OTHER:	26. PL	ACE OF DEATH (Chi	1 [PERFOR	MED? XI NO Daugh	nters	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
EDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	d	ER/Outpatient	3	OTHER:	26. PLi i: ing Nome 28c. INJU WOF	ACE OF DEATH (Chi	ack only one) 8 Other (Sp	PERFOR	MED? XI NO Daugh	nters	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Date)	ER/Outpatient INJURY sy, Year)	3 DOA 28b. TIM	OTHER: 4 Nursi	26. PLJ: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Chr. 5 5X) Residence JRY AT 4K? ES 2 NO	ack only one) 8 □ Other (Sp 28d. DESCRIE	PERFOR YES 2	MED? XI NO Daugh	nters	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Date 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLA	ER/Outpatient	3 DOA 28b. TIM	OTHER: 4 Nursi	26. PLJ: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Chr. 5 5X) Residence JRY AT 4K? ES 2 NO	ack only one) 8 Other (Sp	PERFOR	MED? XI NO Daugh	nters	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Date 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE Of 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLACE OF 26a. PLA	ER/Outpatient INJURY sy, Year) F INJURY — At h	3 DOA 28b. TIM	OTHER: 4 Nursi	26. PLJ: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Chr. 5 5X) Residence JRY AT 4K? ES 2 NO	1 [sck only one) 8 Other (Sp 28d, DESCRIE	PERFOR	MED? XI NO Daugh	nters	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpettent 2 28e. PLACE Of building.	ER/Outpatient INJURY ay, Year) F INJURY — At hetc. (Specify)	3 DOA 28b. TIM IN.	OTHER: 4 Mursi	26. PLJ: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Chi	1 Other (Sp 28d, DESCRIE	PERFOR YES 2 Beclly) E HOW IP N (Street a	MED? (2) NO (3) NO (3) NO (4) NUMBER (4) NUMBER (5) NO (6) NUMBER (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7) NO (7)	nters	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER 0 DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIG	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Deliver) 28e. PLACE Of building.	ER/Outpatient INJURY INJURY — At hetc. (Specify) INJURY — At hetc. (Specify)	3 DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PLL: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	ack only one) 8 Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for	PERFOR YES 2 softy) [SE HOW IN N (Street a wn, State)	Daugh	nters	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO HOME	
BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 28e. PLACE Of building. CIAN: To the best of R. On the basie of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience	ER/Outpatient INJURY INJURY — At hetc. (Specify) INJURY — At hetc. (Specify)	3 DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PLL: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	ack only one) 8 Other (Sp 28d. DESCRIE 28f. LOCATIO City or for to the cause(s)	PERFOR YES 2 softy) [SE HOW IN N (Street a wn, State)	Daugh	nters consen	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO HOME Note Number,	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER 0 DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIG	HOSPITAL: 1 Inpettent 2 28e. PLACE Of building. CIAN: To the best of R. On the basie of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience of experience	ER/Outpatient INJURY INJURY — At hetc. (Specify) my knowledge, c	3 DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PLL: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	ack only one) 8 Other (Sp 28d. DESCRIE 28f. LOCATIO City or for to the cause(s)	PERFOR YES 2 softy) [SE HOW IN N (Street a wn, State)	Daugh Jury oc A Number se state d due to 11	nters course or or Rural F thed. the cause(e	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE:	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29s. SIGNATURE 245 TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Deliver) 28a. PLACE Of building.	ER/Outpatient INJURY ny, Year) F INJURY — At hetc. (Specify) my knowledge, communication and/or	3 DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PLL: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	ack only one) 8 Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for to the cause(s' time, date end	PERFOR YES 2 softy) [SE HOW IN N (Street a wn, State)	Daugh Jury oc A Number se state d due to 11	nters course or or Rural F thed. the cause(e	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE:	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Deliver) 28a. PLACE Of building.	ER/Outpatient INJURY ny, Year) F INJURY — At hetc. (Specify) my knowledge, communication and/or	3 DOA 28b. TIM IN.	OTHER: 4 Nursi	26. PLL: ing Nome 28c. INJU WOF 1 Y	ACE OF DEATH (Ch	ack only one) 8 Other (Sp. 28d. DESCRIE 28f. LOCATIO City or for to the cause(s' time, date end	PERFOR YES 2 softy) [SE HOW IN N (Street a wn, State)	Daugh Jury oc A Number se state d due to 11	nters course or or Rural F thed. the cause(e	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO HOME Note Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29s. SIGNATURE 240 TITLE OF CERTIFER 30. NAME AND ADDRESS OF PERSON WAG	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date of the Date	ER/Outpatient INJURY ny, Year) F INJURY — At hetc. (Specify) my knowledge, communication and/or	3 DOA 28b. TIM IN. Home, ferm, Festh occurr r Investigation	OTHER: 4 Mural E OF IURY M street, factor on, in my op	26. PL	ACE OF DEATH (Chi	ack only one) 8 Other (Sp 28d. DESCRIE 28f. LOCATIO City or for to the cause(s) time, date end	PERFOR YES 2 scily) LE HOW IN N (Street a wm, State) and man place, env	Daugh Juny oc nor se sta d due to 11 29d. DAT	nters course or Aural F thed. the cause(e) IE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner se stated. (Month, Day, Year) 9, 1992	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29s. SIGNATURE 245 TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Morth, Date of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in the basis of extended in th	ER/Outpatient INJURY ny, Year) F INJURY — At hetc. (Specify) my knowledge, communication and/or	3 DOA 28b. TIM IN. some, ferm, leath occurr r investigation	OTHER: 4 Mural E OF IURY M street, factor on, in my op	26. PL	ACE OF DEATH (Ch	ack only one) 8 Other (Sp 28d. DESCRIE 28f. LOCATIO City or for to the cause(s) time, date end	PERFOR YES 2 scily) LE HOW IN N (Street a wm, State) and man place, env	Daugh Juny oc nor se sta d due to 11 29d. DAT	nters course or Aural F thed. the cause(e) IE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE: NOTE:	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Heath and Mental Hydres prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Lest)	TE	1115			2. DATE OF DEATH DAY	YEA	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER					10 21					
427-15-7852	1 M 2 F		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	Co	RTHPLACE (State or Foreign			
9a. FACILITY NAME (If not institution, give	atreet and number)	96	L CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY O	ssissippi F DEATH			
Washington Adven	tist Hospital	L	Takoma	Park		Montgomery				
10a. STATE 10b. COUNT	TY .	10c. CITY, TO	OWN OR LOCATI	ON	10d. INSIDE CIT					
Maryland Prin	ce Georges	Hyat	tsville				LIMITS?			
10e. STREET AND NUMBER	ee dediged	nyac		ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?			
6601 8th Place				2078	3	U.	S.A.			
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			C ORIGIN? (Specify Yes on Puerto Rican, etc.)		ACE — American Indian, lack, White, etc.			
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:			bechy: Black			
15. DECEDENT'S EDU	JCATION	18a. DECEDENT'S USU			16b. KIND OF BUSI	NESS/INDUSTR	ν			
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working						
12	4	Economic	Depart	ment	Federa	1 Gove	rnment			
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NAM	IE (First, Middle, Maiden S	umame)				
Lehman Ellis				Mary	Perkins					
19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town,					
Jerry Ellis					St. Louis					
20a. METHOD OF DISPOSITION 1 \(\Omega \) Buriel 2 \(\omega \) Cremation 3 \(\omega \) Ren 4 \(\omega \) Donation 5 \(\omega \) Other (Specify) \(\omega \).		PLACE AND DATE OF D netery, cremetory or other HOLLYWOOD			1	ation – city of avette	, Mississippi			
21. SIGNATURE OF FUNERAL SERVICE U			22. NAME AN	D ADDRESS OF FAC	ILITY					
· /// 5	We .				Funeral Ho		20904			
23. PART I. Enter the diseases, or	complications that cause				ire Ave. S					
shock, or heart fellure.	List only one cause on e	eah line					Approximata Interval Batween			
IMMEDIATE CAUSE (Final disease or condition	150	1/20 1	Melli	a WE	he eff.	MA	Ohset and Death			
resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):		S 4 1	000	νυ/	1 was			
	, ACS	uived in	inne	Defic	he efficiency	bund	0 Kledgys			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			0					
cause, Enter UNDERLYING CAUSE (Disease or Injury	c									
that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
	d									
PART II. Other significant condition	na contributing to deeth b	ut not resulting in ti	he underlying	cause given in f	Part I. 24s. WAS AN A		14b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
Ane	llea				1 _ YES 2 [COMPLETION OF CAUSE OF DEATH?			
							1 TES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:		26. PL/	CE OF DEATH (Chec	ck only one)					
1 VES 2 NO	1 Inpatient 2 - ER/Out			5 🗆 Rasidenca 6	Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF	WOR	IK?	26d. DEŞCRIBE HOW IN.	JURY OCCURED				
2 Accident Investigation	20- 01 405 05 N. H. H.			ES 2 NO						
3 Suicide 8 Could not be determined	building, etc. (Spec	— At home, lerm, strae ify)	it, lactory, offica		28f. LOCATION (Street an City or Town, State)	d Number or Rur	al Route Number,			
	(Check only VI) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.									
one) MEDICAL EXAMINI	ER: On the basis of examination	n and/or investigation, in	n my opinion, de	ath occured at the t	lme, data and place, and	dua to the caus	e(s) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE	R () () ,	20		29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Negt)			
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	11)	1) 3	401	- / -	12419			
31. DATE FILED (Month, Day, Year)	J / O 4 S	Prings	+.	5:10	er spri	49.07	120910			
פסי אל דוות	Julia Javida						I			

MIZE STEELINGS

MARYLAND 21203-3146

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	- STATE REGISTRAR 1. DECEDENT'S NAME (First,														
	1. DECEDENT'S NAME (First,			CE	RTIF	ICATE	OF	DEAT	ГН		REG. NO.				
100	Bernice Ai		English							2. DATE MONTO NOV		199	YEAR	3. TIME OF OEATH 12:48 P M	
11/1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Monti	OF BIRTH		Count		
	215-26-7429		1 M 2 XF	62	YRS.	MONTHS	DAYS	noona	wille.	Ju1	y 19,			yland	
	9e. FACILITY NAME (If not ins				9b. CITY, TOWN OR LOCATION OF DI					ATH			NTY OF C		
E	117 Academy		t			S	ecr	etar	У	Dorches				ter	
ᇤ	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
DIRECTOR	Maryland	Doro	chester			Se	cre	tary						1 X YES 2 NO	
	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
ER	117 Academy	Stree	et				2	1664					U	SA	
100. STREET AND NUMBER 117 Academy Street 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 7 YES 2 X NO Specify: Specify:						E — American Indien, k, White, atc. White		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use netired.) 16. KINO OF BUSINESS/INOUSTRY															
COMPLETED	Elementery/Secondery (0		College (1-4 or 5	+) // // // // // // // // // // // // //		ervis					Manuf	actu	rina		
§ -	10	retallor disease)			Sup	EIVIS	501	10 1107	LIED'S NA	ME (Elm)	Middle, Malden		Ting		
											Sewar				
100 INFORMANT'S NAME (Type/Print)								nd Numbe					p Code)		
199. INFORMANT S NAME (hyperfilm)										D 2	1613				
20e. METHOD OF DISPOSITION 1 \overline{\text{N}} Burlel 2 \overline{\text{Cremettor}} S \overline{\text{Removal from State}} \ 4 \overline{\text{Donatton}} 5 \overline{\text{Other place}} Original (Specify) S \overline{\text{East}} New Market Cemetery															
	4 Donation 5 Other	(Specify)		East	New						East New Market, MD				
	21, SIGNATURE OF PUNEAA	L SERVICE U	EMPE 3	eller		Zε	12. NAME AND ADDRESS OF FACILITY Zeller Funeral Home, P. O. Box 207 106 Main Street, East New Market, MD 2163								
	23. PART Enter the d	Iseeses, or o	omplications th	at ceused the de	eth. Do									Approximete	
	shock, or h IMMEDIATE CAUSE (Fit disesse or condition resulting in death)	eert fallure.	List only one ca	use on each line	m	ou						•		Interval Between Onset and Death	
	resulting in death)		DUE TO	OR AN A CONSE	OUENCE (OF):									
CERTIFICATION	Sequentielly list condit if any, leading to imme	dieta	b. DUE TO	O (OR AS A CONSE	OUENCE (OF):									
FICA	CAUSE (Disease or Injuthat Initiated events		c. DUE TO	O (OR AS A CONSE	QUENCE (OF):									
E	resulting in death) LAS	т	d												
	PART II. Other aignifica	ent condition	na contributing t	o death but not	resulting	In the ur	nderivir	g cause	alven In	Part I.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS	
MEDICAL											1 TYES	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ž.															
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	A:		DEATH (C						
IYS	1 YES 2 AND		1 L Inpatient 2	ER/Outpatient	28b. TI			JURY AT	Residence	_	er (Specify) ESCRIBE HOW	INJURY O	CCURED		
ву РР		Pending Investigation	(Month,	Day, Year)	10	IJURY M	W	VES 2	□ NO						
	0 0 0 1 1 1 1	Could not be determined		OF INJURY — At h g, etc. (Specify)	ome, farm	, street, fac	tory, offi	Ce		281. LO	CATION (Street by or Town, State	and Numb	er or Rura	l Route Number,	
Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Substitute Subst								e(e) and manner as stated.							
296. LICENSE NUMBER 296. LICENSE NUMBER 297. T. T. T. T. T. T. T. T. T. T. T. T. T.								ED (Month, Day, Year)							
2	30. NAME AND ADDRESS (# 3	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (7y)	oe, Print)	, 1	1	231		/		2	7.4	
	14.0.51	4 NCNI		508 1	Jd/4	wi/	al	AVI	? .	E0.	chin	, m	<u> </u>	21001	
	31. DATE FILED (Month, Dey			rans signature	dson-l	Pandel	2								

	I. DECE
	. B
	4. SOCI
į	137
i	90. FAC

	1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPART	CATE C	HEALTH	AND N	MENTA	L HYGIEN	E		0.007
	1. DECEDENT'S NAME (First, Middle	e, Lesi)							E OF DEATH			3. TIME OF DEATH
	Brian	Michael	Finne	3.7				MONT	tober 2		YEAR	7 00
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last		IF UNDER 1 YE	A IF UNDE	R 24 HRS.		OF BIRTH	, ~ ,		1PLACE (State or Foreign
	137 62 1237	1 2 M 2 D F	30	YRS.	MONTHS DAY	8 HOURS	MIN.	(Mont	th, Day, Year)	0.00	Count	ny)
	9e. FACILITY NAME (If not institution	n, give street and number)		-	9b. CITY, TOV	TH OR LOCATI	011 05 05	Sept	E. 29,1			Jersey
Œ								ATH		9c. COL	JNTY OF D	DEATH
5	4800 Wellin	nt Drive			Chev	y Chas	se			N	1ont9	omery
EC		COUNTY		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
DIRECTOR	Maryland	Montgomery	, no.		nevy C							LIMITS?
	10e. STREET AND NUMBER				10.7	101, ZIP COD	-					15 YES 2 NO
FUNERAL	ASOO Wallingt	on Drive #10:	_			208				-		WHAT COUNTRY?
N.	11. MARITAL STATUS		_							Ur	nited	States
E	1 Never Married 2 Marrie	12. WAS DECEDENT EVI	ES 2 KN		13. WAS	BPOCIFY Cubi	OF NISPANI	C ORIGIN	N? (Specify Yea	or No-	14. RACE Block	E — American Indien, k, White, efc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES			ES 2 NO					Speci	ity:
	15. DECEDENT	I'S EDUCATION	40- DE	TO FACTOR III	SUAL OCCUP	-						White
E 1	(Specify only higher	st grade completed)	(Gh	ve kind of wo Do NOT use	ork done during	most of working	ng	16b	b. KIND OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)										
COMPLETED	12 17. FATHER'S NAME (First, Middle, L	-			Chef	T to the second			Restau		:	
									Middle, Maiden			
BE	Fred 19a. INFORMANT'S NAME (Type/Pris	Finney				3. 0. 0			Anne Go			
2									ber, City or Town			
	Patricia Ann F		4	800 M	Vellin	gton D	rive	, Ch	nevy Ch	ase,	Mar	yland 20815
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 🏖 Cremetion 3 □	☐ Removal from State	20b. PLACEA cemetery, crem	ND DATE OF	F DISPOSITION	(Name of OC	t.27	ZIZ DAT	E 20c. LOC	CATION —	City or To	wn, State
	4 Donation 5 Other (Specifi	7)	cemetery, crem 10ntgoi	mery	Crema	corium	.Inc	.1	- Bet	hesd	a, M	aryland
	21. SIGNATURE OF FUNERAL SERV	TICE LICENSEE			22. NAME	AND ADDRE	SS OF FAC	LITY R	Robert	A. P	umph	rey Funeral
	* Affer 1	14.1	M0068	a	III OILLE	Decile	Sua-	cnev	y Chas	e, T	nc.	7557 and 20814
	23. PART From the disease	a, or complications that cau	ned the des	th Do no	t enter the	node of du	Avent	ue, b	dechesa	a, M	aryı	
	The state of the state of	liure. List only one cause o	n each line.	50 110	t dittor tile	nous or uy	ing, accir	SS CERC	ulac or respin	ratory ar	reat,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	ACO	Tacke.									Onset and Death
	resulting in death)	a. ASP	HYX	14								ACUTE
_		-			/							.43
0	Sequentially list conditions,	b. DUE TO (OR)	RES AS A CONSEON	-510	U							INDEF
A	if any, leading to immediate cause. Enter UNDERLYING	502 10 (01)	49 Y COMSEON	DENCE OF):								
윤	CAUSE (Disease or injury	CDUE TO (OR A	S A CONSECU	HENCE OF								
E	that initiated eventa resulting in death) LAST	302 10 (011)	45 A CONSECU	DENCE OF):								
CERTIFICATION		d										
AL.	PART II. Other significant con	iditions contributing to deat	h but not re	suiting in	the underly	ing cause o	iven in P	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
									PERFORI			AMILABLE PRIOR TO COMPLETION OF CAUSE
								-	1 YES 2	NO		OF DEATN?
· ·								-				1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDI	CAL				DI 105 00 0						
S	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D			-	,		-
¥∥	27. MANNER OF DEATN	1 inpatient 2 ER/C		28b. TIME	Nursing N					PRKI		107
	1 Natural 5 Pending	g (Month, Day, Yea	nr)	INJUE	RY	NJURY AT WORK?		28d. DE\$	CRIBE HOW IN	JURY OC	CURED	
à	2 Accident Investig		IDV As been			YES 2	-					
유	4 Homicide S Could n		Specify)	in, mirri, str	eet, rectory, o	Tice] ;	City o	ATION (Street er or Town, State)	nd Number	or Rural R	oute Number,
<u> </u>	20a CERTIFIER		110	ME	2				#	10		
d P	29e. CERTIFIER (Check only	PNYSICIAN: To the best of my kr	nowledge, deat	th occurred	at the fime, d	ate end plece,	end dus to	o the cau	zse(s) end mani	ver as atat	ed.	
COMPLETED	2 MEDICAL EX	(AMUNER: On the basis of examine	ation and/or in	veatigation,	In my opinion	, death occur	ed at the fi	lme, date	end place, end	due to th	e ceuse(a)	end manner es stated.
BEC	296. SIGNATURE AND TITLE OF CER	ATTIFIER ON	11	11	A	29c. LICE	NSE NUMB	BER		29d. DAT	E SIGNED	(Month/Day, Year)
	W/m	- COURSE	effle	1	CX	724	71	61		>	1	1
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, P	rint) ~	100	10	74		10	100	19)
	FRANCIS C M	194LK 10215	Femil	#140	N 1	Bi	141	1 EST	201 /	1/>		0817

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

nr 28 '97

32. HEGISTRAN'S SICHATURE



1-44

Colonia Sperie

35, 1, 2 ± 35

STATE OF MARYLAND / DEPARTMENT OF HEALTH A	ND MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		IENT OF HEALTH A		L HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) Elîjah	Finney			2. DATE	E OF DEATH	YEAR	
		Пиапе		UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS IN	HRS. 7. DATE	E OF BIRTH (th, Day, Year) -4-30	8, BIF	16:15 a.M. ATHPLACE (State or Foreign untry) Virginia
NC.	9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Roylin Maryland 10 roestor							F DEATH
DIRECTOR	Residence Residence Residence Residence Residence Residence Residence		10c, CITY, T	OWN OR LOCATION				tod. INSIDE CITY
	Morce Worce	ester	10	210 German	town	Rd.		t YES 2 NO
FUNERAL	10. STREET AND NUMBER 10210 Germantow	rn Rd.		tot. ZIP CODE			US.	F WHAT COUNTRY?
BY	1t. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U. FORCES? t YES YES, GIVE WAR OR DATE	2 NO	t3. WAS DECENDENT OF I If yes, specify Cuban, I 1 YES 2 NO	Aexican, Puerto	IN? (Specify Yea or Rican, stc.)	В	ACE — American Indian, lack, White, stc. pecify: Black
9	ts. DECEDENT'S EDUCATI (Specify only highest grade con	ION te	Give kind of work	done during most of working	16	b. KIND OF BUSIN	ESS/INDUSTR	
PLE	Elementery/Secondary (0-t2) C	college (1-4 or 5+)	life. Do NOT use re	Laborer		Fa	ctory	
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) Elîjañ Fînney	Sr.		18. MOTHEF E S	telle	Middle, Maiden Su Carr	imame)	
TO BE	resonant's name (Type/Print) Ricky Smith			DRESS (Street and Number or 190 Onanco				
	20e. METHOD OF DISPOSITION C Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	1 from State	LACE OF DISPOSITION HER PIACE) Gaski	on (Name of cemetery, crematons Meth. C	y or emete	ry 20c. LOCA	tion city or Onan c	Town, State
	21. SIGNATURE OF FUNERAL BENNICE LICENT	(6)		22. NAME AND ADDRESS C.C. Humb		uneral	Serv	ice
	23. PART I. Enter the disessee, or com shock, or heert fellure. List	pilications that caused the tonly one cause on each	ne death. Do not	enter the mode of dying	, auch aa ce	rdiec or reepira	tory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final					Donat and Death		
	DUE TO (OR AS A CONSEQUENCE OF):							0
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
AL CI	PART II. Other eignificent conditions of	contributing to deeth but	not recuiting in	the underlying cause giv	en in Part I.	24e. WAS AN AL		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC/						1 YES 2		COMPLETION OF CAUSE OF DEATH?
				-	_			
ICIA		OSPITAL:		26. PLACE OF DEA				
PHYSICIAN	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?	28d. D	ner (Specify) ESCRIBE HOW INJ	URY OCCURED)
New Collection New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigetion New Stigeti							od Number or Rural Route Number,	
							se(e) end manner ee stated.	
BE CC	290. SIGNATURE AND TITLE OF CERTIFIER				SE NUMBER			NED (Month, Day, Year)
2	1 1 1	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Pr	SAUS!	222	1710 21	1801-5	492
0	3t. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE A R. A	ul.	7	1110 20		
3	10/3 OCT 30 19	192 Juliu Da	- North	- v				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish trained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		2 31035	
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE GRA	ANT FRUSHO	UR		2. DATE OF DEATH DO 1		3. TIME OF DEATH 92 8:45 A M	
	4. SOCIAL SECURITY NUMBER 217-18-7704	1 🔯 M 2 🗆 F	75 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 30,		BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (If not institution, give str 13423 Old Frederi RESIDENCE OF DECEDENT		9	Rocky	Ridge	EATH	sc. COUNTY Frede		
FUNERAL DIRECTOR	Maryland Frede	rick	10c. CITY, Rocl	ky Ridge	ION E			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
NERAL	100. STREET AND NUMBER 13423 Old Frederi	ck Road		2	ZIP CODE		U.	OF WHAT COUNTRY?	
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D WWII	2 NO	13. WAS DECI	city Cuban, Mexica	IIC ORIGIN? (Specify Yaa n, Puarto Rican, etc.) ::	20022	RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12) 7 years	ATION completed) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mos		16b. KIND OF BUS		e Factory	
	17. FATHER'S NAME (First, Middle, Lest) ROV G. Frushour		Laborer			ME (First, Middle, Meiden R. Robinso	Sumame)	e ractory	
TO BE	19a. INFORMANT'S NAME (Type/Print) Madeline Frushour				nd Number or Rural F	Route Number, City or Town oad Rocky	n, State, Zip Coo		
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	val from State 201 cer K	o.PLACE AND DATE OF Interest, crematory or other eysville	DISPOSITION (Nar	ne of	OATE 20c. LO	CATION — City	or Town, Stata , Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Bilent	1	ROBERT 615 EA	AST MAIN	LEY & SON	FUNERAL	L HOMES, P.A.	
	23. PART Enter the diseases, or contained the service of condition resulting in desth)	METASTA	tic Pros				ratory srrest,	Approximate Interval Between Onset and Dasth	
MION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CI	PART ii. Other significant conditions	contributing to death b	out not resulting in t	the underlying	causa givan in	Part i. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO	
SICIA		HOSPITAL:		THER:	ACE OF DEATH (Che	ack only one)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	RY AT	28d. DESCRIBE HOW IF	JURY OCCURE	ED	
29a. CERTIFIER (Check only one) 28a. PLACE OF INJURY — At home, tarm, streat, factory, office 28a. PLACE OF INJURY — At home, tarm, streat, factory, office 28a. PLACE OF INJURY — At home, tarm, streat, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						281. LOCATION (Street a City or Town, State)	8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
						use(s) end manner as stated.			
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	Browll.	Honns	7, mp	29c, LICENSE NUM	176/	29d. DATE SIG	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO Brian M. O'Conner	MD 501 We	st Seventh		Freder	ick, MD 21	701		
	31. DATE FILED (Month, Day, Year) 32. DATE FILED (Month, Day, Year) 33. DATE FILED (Month, Day, Year) 33. DATE FILED (Month, Day, Year)								

ched for use as the burial-transit permit. Pages 1, 2, 3 should		
N.		of all annual
10	١	7
abox	,	a mine the medical examines mine he seddle
ğ		
J. D.		1
lirect		-
eral o		Alma
fun:		940
y the	mova	loo
lin	or re	Sand
fillec	ion,	the .
letely	еша	
comp	ial, ci	-
and	ppd o	madie
siclan	rior t	-
Phy	one p	har
nding	H Ng	40 20
affe	entai	any lating or other
the same	5	3
2	of and	-

DIVISION OF VITAL RECORDS, P.O. BOX 6876n

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may requires that the death certificate be executed within 24 hours after death. Page 6 may record that this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may record to the same begins of Health and Merital Hygene prior to burial, certain, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	LAURA	E.	FRALEY			The second base of the second	5.1992	4:45 A M
			n yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		□ M 2X 1 8	2 YRS.	MONTHS DAYS	HOURS MIN.	09-15-19	10 h	MD
~	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	
DIRECTOR	Allegany Co. Nur	sing Home		CUMBE	RLAND		AL	LEGANY
E C	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
8	MD Alle	ganv	C	umberlar	nd			LIMITS?
AL	10a. STREET AND NUMBER				. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	Willow Valley Ap	ts.			21502		USZ	A
	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2 NO Specif			Specify: white
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS	
	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of title. Do NOT us	work done during me se retired.)	ist of working			
MPL	12		house	wife		own	hame	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	,	
BE	James E. O'Har	a				nie R. Imes		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	m, State, Zip Co	ode)
	Mary E. Riggl	200		ımberla OFDISPOSITION ///		21502	CATION CH	y or Town, State
	1- Buriel 2 Cremation 3 Remove 4- Donation 5 Other (Specify)		etery, crematory or o			1		and, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Patri		ND ADDRESS OF FA		unberr	and, MD
	I Clama 7	Marina	11:	Scar	pelli Fu	meral Home	3	
	23. PART Enter the diseases, or con	nplications the caused	the deeth. Do	not enter the mo	perland,	MD 21502	Iratory arres	t, Approximate
23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or responded, or heart feliure. List only one cause on each line.						,	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)							
1	resulting in death) . s	DUE TO (OR AS A	CONSEQUENCE O	f):				
N	Sequentially list conditions, 6.							
ATE	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):				
잂	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions of	contributing to death by	it not resulting	in the underlyin	a cause alvea la	Part I, 24e, WAS AN	ALITTORON	
CAL	HSCU		it not resulting	ni tile oligeriyin	g cause given in	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 🗆 YES 2	₩ NO	OF DEATH?
Σ.			-					1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (Ch	eck only one)		
SIC		IOSPITAL:	itlent 3 🗆 DOA	OTHER:		6 Other (Specify)		
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. IN.	URY AT	28d. DESCRIBE HOW I	NJURY OCCUP	NED
BY	1 Natural 5 Pending 2 Accident Investigation	(month, Day, toat)	(Month, Day, Year) INJURY WORK? 1 YES 2 NO					
						and Number or	nd Number or Rural Route Number,	
ETE		4 Hömleide detarmined City or lown, State)						
3 Suicide 6 Could not be detarmined City or insure at nome, tarm, street, factory, office 28f. LOCATION (Street and Number or Rural Rout City or Town, State) 28f. LOCATION (Street and Number or Rural Rout City or Town, State) 28f. LOCATION (Street and Number or Rural Rout City or Town, State) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)								
							d due to the c	ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFICA	6			29c. LICENSE NUI	MBER	29d. DATE 8	IGNED (Month, Deg. Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CALLES OF CO.	TH STEW AT CO	Print	Dag	910	70/	28/92
	DR. ROBUSTIANO J.	BARRERA/MET	MORTAL E	OSPTTAT	MEDICAT	DIDC /one	DEDT AND	D 100 01 700
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	-VOL LIAL	TIMICAL	BLDG./COM	DEKLAN	ບ,MD. 21502
	OCT 2 9 1992	Julia Vavidson	- Pandelle	,				

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle Last) Greer 4. SOCIAL SECURITY MUMBER 217-30-0624 9a. FACILITY NAME (If not institution, give Washington Count RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD. 10a. STREET AND NUMBER 17333 Spielman R	street and number) Y 8 8 8 9 10 10 10 10 10 10 10 10 10	(In yrs. last birthday) 2 vrs.			7. DATE OF BIRTH (Month, Day, Year) 5-14-1910	Cou	3. TIME OF DEATH 8, 30 A ITHPLACE (State or Foreign NO. Carolin
217-30-0624 90. FACILITY NAME (IT not institution, give Washington Count RESIDENCE OF DECEDENT 100. STATE 100. COUNT Wash 100. STREET AND NUMBER 17333 Spielman R	1 2 M 2 □ F 8 street and number) Ly Hospital		9b. CITY, TOW	B HOURS MIN.	5-14-1910	Cou	intry)
Washington Count RESIDENCE OF DECEDENT 100. STATE 100. STATE MD. Wash 100. STREET AND NUMBER 17333 Spielman R	y Hospital			N OR LOCATION OF			
MD. Wash 100. STREET AND NUMBER 17333 Spielman R	Y		наде	rstown	REATH	Washi	
100. STREET AND NUMBER 17333 Spielman R		10c. CITY	, TOWN OR LO		2		10d. INSIDE CITY LIMITS?
	ingion			Fairpa 101. ZIP CODE	Lay	I 100 CITIZEN OF	1 YES 2 NO
	oad			21733		USA	THE COUNTY
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X 340	If yes,	DECENDENT OF HISP/ specify Cuban, Mexic (ES 2 X NO Spec	NIC ORIGIN? (Specify Yesan, Puerto Rican, etc.)	Bio	NCE — American Indian, ack, White, etc.
15. DECEDENT'S ED. (Specify only highest grade	ICATION completed)	16a. DECEDENT'S		ATION most of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12) 7 - 8	College (1-4 or 5+)	dairy fo	e retired.)	not of working	harn	ving	
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
Henry Greer 190. INFORMANT'S NAME (Type/Print)		106 2122 212	400pece (C	Clara		Hamby	
Lannie Greer					Route Number, City or Tow -airplay. N		3
20a. METHOD OF DISPOSITION	200	PLACE AND DATE O	E DISPOSITION	(Name of	OATE 20c 10	CATION - City or	Town State
1- Buriel 2 Cremation 3 Rem	novel from State	netery, crematory or ot SThaven	her place) Momoria	al Gardon	\$ 10-92	Frederic	b Md
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF F	ACILITY		
Thank	L Len	mer)		iffER fun derick. M	ERAL HOME,	P.O. BO	X 1819
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	B. DUE TO (OR AS	A CONSEQUENCE OF	Com	a	2cute		interval Between Onset and De
Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Acute DUE TO (OR AS A c. Candida DUE TO (OR AS A	A CONSEQUENCE OF	te. /	porisble 1	likely)	refection:	
PART II. Other eignificent condition				fing cause given in		RMED?	4b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	iome 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	URY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW	NJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, s			281, LOCATION (Street City or Town, State)	and Number or Rure	al Route Number,
	ICIAN: To the best of my know ER: On the basis of examination						e(s) and menner as stated
29b. SIGNATURE AND TITLE OF CENTIFIE				29c. LICENSE NU			ED (Month, Day, Year)
KZKu	the mo			-	579	► 10/10	spr
30. NAME AND ADDRESS OF PERSON WITH REPORT AND ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON WITH REPORT ADDRESS OF PERSON W			Prine)	-me	Keehrelle	md.	

E ST DE CORRESTE SOUTH SE

	hours	
	24	
ó	rithin	
SION OF VILAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
3	2	
0.80	certificate	
S, T	death	
	the	
T T	that	
THE C	requires	
_	3M	•
₹	The	
OF VI	HYSICIAN:	!
Z	0	
2	NIGN	

	- STATE REGISTRAR		С	ERTIF	ICATE OF	DEAT	Ή	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	D .1	41: 0	4377.77				2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATH
			Alice G		4			October 1		92	10:30 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP	LACE (State or Foreign
	212-50-8736	1 🗌 M 2 💢 F	79	YRS.	- CATS	Moons	ining,	July 12,	1913	New ?	York
~	ea. FACILITY NAME (If not institution, give s				96. CITY, TOWN O	OR LOCATIO	N OF DE			TY OF DE	
0	4429 Green	Valley	Road		Mor	rovi	a		F	rede:	rick
DIRECTOR	10a. STATE 10b. COUNTY	γ		10c, CIT	Y. TOWN OR LOCAT	ION					to t minute outst
E	Maryland F	rederick									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	rederick			Monrov	71a ZIP CODE			10a CITI		1 YES 2 X NO
ER/	44	29 Green	Valley	Poac	1	217				U.S.	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	IT EVED IN ILE AL	DMCO				IC ORIGIN? (Specify Ye			American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO	If yea, sp	2 X NO	, Maxicar	, Puerto Rican, etc.)	0 100	Black, Specify	White, etc.
8	15. DECEDENT'S EDUC	CATION	16a. DI	ECEDENT'S	USUAL OCCUPATION)N		16b. KIND OF BU	CINESS/IND	HETOV	WIITCE
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(C	live kind of a	work done during mo se retired.)	st of working	7				
7		2	· .	ost M	listress			Post	Offic	e, Go	overnment
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	ME (First, Middle, Maiden	Sumame)		
BE C		Willia	m W. Ca:	rr				rtie Powe	.,		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street a	nd Number		loute Number, City or Tow		Code)	
5	Mr. John P. Ganle	V						Walkersvi			21793
	20a. METHOD OF DISPOSITION 1 [X]Burial 2 [] Cremation 3 [] Remo			AND DATE	OF DISPOSITION (Na		, ,		CATION —	-	
	4 Donation 5 Other (Specify)	over from State	Mount	Oliv	ther place) ret Cemet	erv	10-	14-92 Fre	deric	le Me	arvland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME AN	D ADDRES	S OF FAC	HLITY			
	Allan &	L Rul	MO	0703	Keeney	& B	asfo	rd P.A. F	unera	1 Hor	ne 21701
	23. PART i. Enter the diseases, or o	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			ITUO Ela	te of dvir	nurc	h Street.	Fred	eric	
	shock, or heart failure.	List only one cell	ise on each line	D.		o or ayn	ig, aucii	on cerdiac or reep	natory ent	731,	Approximate interval Between
		10 word	311		1 4.						Onset and Death
	rasulting in death)	a. Cavel	(OR AS A CONSE	OUENCE OI	2/01/	4					
z	No. 2 and to the second second	uali	ular	hein	1 der	4.44	111	il (1/6		
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7):	100		11			
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury	2									
E	that initiated evente	DUE TO	(OR AS A CONSE	OUENCE OF	7):						
ER	resulting in death) LAST	1									
	PART II. Other algnificant condition	s contributing to	death but not r	reaulting i	n the underlying	Cause of	ven in E	Part I. 24s. WAS AN	ALETO BOW		
MEDICAL		as Cul				cause gi	ven m r	PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
E		76.0		() 1	934			1 [] YES 2	NO		F DEATH?
≥								-		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				24 DI	ACE OF OF	ATH (Cha	ck only one)			
Sic	EXAMINER?	HOSPITAL:	FR/Outpetient 3	[] DOA	OTHER:	49					
Ŧ	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIM	4 Nursing Home		_	28d, DESCRIBE HOW I	N ILIBY OCC	IDEO	
	1 Natural 5 Pending	(Month, D	ay, Year)	INJ	WOI 1 Y	RK? ES 2	_	TOTAL DECOMINE TOTAL	Nooni occi	ONED	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho	me, farm, s	treet, factory, office			26f. LOCATION (Street)	and Number of	or Aural Rou	the Number
E	4 Homicide detarmined	building,	atc. (Specify)					City or Town, State)			,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurre	d at the time, data	and alarm		o the cause(a) and mar			
× I	(Check only one) 2 MEDICAL EXAMINER	R: On the beals of as	camination and/or i	Investigation	n. In my pointon de	ath occurs	and due to	o the cause(a) and mar	iner aa atate	d.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				n, in my opinion, de						
B	The second second	10	· MN			D2					fonth, Day, Year)
0 1	30. NAME AND ADDRESS OF PERSON WHO	LOVIG	1-1			110	(-1		- 10	1121	76
2	JU. NAME AND ADDRESS (IF PERSON WELL	COMBLETEU UNIN	SE OF DEATH AVE.	M 27 /7							-
5									,	705	1 1 - 1
T _C	Dr. Lloyd E. Halv 31. DATE FILED (Month, Day, Year) OCT 1 4 1992					nue,	Fre	derick, Mo	1. 21	702	

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician filled in by the funeral director, page 5 should be detached for use as the burial-train or semenal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dear, of Heath and Mental Homens oron in burial committee or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH HARR				MONT	OF DEATH		EAR	IME OF DEA	
	556-05-3593	1 🕅 M 2 🗆 F 83	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Mont	OF BIRTH h. Day, Year) 31,19	8.		CE (State or F	
TOR	9a. FACILITY NAME (If not institution, give street Northampton Mar RESIDENCE OF DECEDENT		Home		or Location of C	DEATH		9c. COUNTY			
DIRECTOR	10a. STATE 10b. COUNTY	ederick	10c. CIT	Y, TOWN OR LOC					100	INSIDE CITY LIMITS?	
FUNERAL		429 Green V	alley Ro		21770			10g. CITIZEN		COUNTRY?	2
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic S 2 NO Spec	en, Puarto I	i? (Specify Yes Rican, etc.)	or No 14.	Black, Wh	merican Indi	lan,
LETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION Impleted) College (1-4 or 5+)	IIIe. Do NOT us	work done during i se retired.)	nost of working			INESS/INDUS	TRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)	4	Dairy	Farmer			gricul				
		mes Hickman	Ganley		18. MOTHER'S N		Middle, Maiden				
TO BE	19a. INFORMANT'S NAME (Type/Print)	mes median		ADDRESS (Street	and Number or Rural				de)		_
F	Mr. John P. Ganley				e Drive,					793	
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramovi 4 Donation 6 Other (Specify)	MO	PLACE AND DATE OF STREET, Crematory or ST	of disposition (in the place) Jet Ceme	etery,10-	-14-92	20c. LO	derick	or Town, S	yland	1
	21. SIGNATURE OF FUNERAL SERVICE LICEN	H Ruby	M00703	Keene	ey & Basi	ord I	P.A. F	uneral	Home	9	
	23. PART i. Enter the diseases, or corshock, or heert fellure. Lis iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	pricetione that coded at only one ceuse in ea	cn line.	ot enter the m	oda of dying, su	ch ea card	liac or respi	ratory srreat	,	Approxim interval B Onset sno	sta atween
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in desth) LAST	DUE TO (OR AS A									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of halls		t not resulting i	n the underlyle	ng cause given in	Part I.	24s. WAS AN. PERFOR 1 YES 2	MED?	AVAIL COMI OF D	E AUTOPSY FE ABLE PRIOR PLETION OF C EATH? YES 2 1	TO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. 1	PLACE OF DEATH (C)	heck only on	9)				
YSI	1 TYES 2 NO 1	IOSPITAL:	tient 3 DOA	OTHER:	me 5 🗆 Rasidence	6 C Other	(Specify)				
H H	27. MANNER OF DEATH 1 ANatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY W	JURY AT ORK?	28d. DE\$	CRIBE HOW IN	JURY OCCUR	ED		
B	2 Accident Investigation	28e. PLACE OF INJURY	- At home form a		YES 2 NO		7.01.00				
ETEO	4 Homicide detarmined	building, atc. (Specif	(v)	mout, rectory, on		C/ty o	or Town, State)	nd Number or F	tural Floute f	lumber,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowle On the basis of exemination	dge, death occurre and/or investigation	d at the time, dat n, in my opinion,	and place, and due death occured at the	to the cau	ee(s) and man	ner as stated. I due to the ca	use(s) and	manner as s	tated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER		29d. DATE SIG			
2	30. NAME AND ADDRESS OF PERSON WHO C	LAVIM	PLI ATPRI CO CO		122	101		10	/12	192	
	Dr. Lloyd E. Halvo	orson, M.D.,	1475 Ta	eney Ave	enue, Fre	ederi	ck, Md	. 2170	2		
	Dr. Lloyd E. Halvo 31. DATE FILED (Month, Day, Year) OCT1 4 1992	Julia Davidson	n-Mandall								

DHMH-16 Rev 1/89

Ash I Willy

.

	1 - FOR STATE REGISTRAR		STATE OF M				HEALTH AN	D MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First,)	. ,						2. DAT	E OF DEATH		WEAR !	3. TIME OF DEATH
	Cecelia 4. SOCIAL SECURITY NUMBE		a GEISBI					\rightarrow	13,			3:30 AM M
	217-32-7218	1	□ M 2 💢 F	6. AGE (In yrs. las	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURE MIN	Dec	25,19	08	Mary	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not inst 8350 Layton RESIDENCE OF DECI	Court					ederick			9c. COUNT	deri	
DIRECTOR	10a. STATE	Freder	ick			town or Loc lerick	ATION				1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 8350 Laytor	Court				1	10f. ZIP CODE 10g. CITIZEN OF WH U.S.A					HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES						CENDENT OF HIS pecify Cuban, Ma S 2 NO Sp	xican, Puerte	iN? (Specify Yes Pican, etc.)	or No—	Black,	- American Indian, White, atc.
TED	(Specify only i	DENT'S EDUCAT	TON mpleted)	(Gi	ive kind of wo	SUAL OCCUPAT	ION post of working	10	ib. KINO OF BU	SINESS/INDU		
COMPLETED	Elementary/Secondary (0-1	2) (College (1-4 or 5+)	Bo	ookke	eper			Equi	pment	Sal	es
BE CON	17. FATHER'S NAME (First, Mich. Frank A.							NAME (First	Middle, Maiden	Surname)		
TO B	R. Hood Geis		II	191	B350	Layton	and Number or Ru Ct., Fr	ederi	ck, Md	n, State, Zip C 2170	DI	
	20a, METHOO OF DISPOSITIO 1X Puriel 2 Cremation 4 Donation 5 Other (S	3 Remova	I from State	20b. PLACE A	ND DATE OF	DISPOSITION //	ery Oct	.16,1	7E 20c. LO	cation – ci reder	ty or Tow	n, Stata Md.
	21. SIGNATURE OF FUNERAL RICHARD	SERVICE LICEN	SEE Y AY	MOC	0255	Keer	ey and	Basfo				Home Md. 21701
	23. PART I. Enter the dis- ahock, or has	eses, or con	plicetions that tonly one caus	ceused the de	ath. Do no	t anter the m	ode of dying, a	uch aa ca	rdiac or reapi	ratory arre	et,	Approximata
	IMMEDIATE CAUSE (Fine disease or condition reaulting in deeth)	i	me			AET	LLEAR	- (FIL	1100	_	Onset and Death
	in doorly	0		OR AS A CONSEC	DUENCE OF):		M- (7 (10)
CERTIFICATION	Sequentially liet condition if any, leading to immediate	ete	DUE TO (OR AS A CONSEC		CHPC		(ep	70 6	+ CC		37123
FICA	cause. Entar UNDERLYIN CAUSE (Disease or injury that initiated eventa		DUE TO (OR AS A CONSEQ	UENCE OF							
EHT	resulting in death) LAST	d			ioenoe or).							
	PART II. Other eignificent	conditions c	ontributing to d	leath but not re	eaulting in	the underlying	ig cauee given	in Pert i.	24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFOR		1 6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME											1	YES 2 NO
AN	25. WAS CASE REFERRED TO	MEOICAL				20.5	ACE OF BEATH	Ohaal aala				
SIC	EXAMINER?	H	OSPITAL:	ER/Outpatient 3		OTHER:	ne 5 Maalden	-				200
훒	27. MANNER OF DEATH		28a. DATE OF II (Month, Day	NJURY	28b. TIME	OF 28c. IN	JURY AT		SCRIBE HOW I	JURY OCCU	RED	
B		nding reatigation				M 1 🗆	YES 2 NO					
		uld not be termined	building, at	INJURY — At hon lc. (Specify)	ne, farm, str	eet, factory, offi	00	281. LO	CATION (Street a or Town, State)	nd Number or	Rural Aou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIF	YING PHYSICIAI	Y: To the beat of	ny knowledge, dea mination and/or in	ath occurred	at the time, dat	and place, and o	lus to the ca	euse(a) and man	ner as stated	Câusola) s	and manner as stated.
BEC	29b. SIGNATURE AND TITLE O						29c. LICENSE					fonth, Day, Year)
6	20.000		AM		mD		D. 7	191	2	10	2/1	3/82
	Dr. Julio M	lenocal	MD 510	5 Trail	Ave.		rick, M	lary1a	ınd 217	01		
	31. DATE FILED (Month, Day, Yes	1992	32. AEGISTRAB	s signature	ndell							

forth 2 min

1.74

Girija S. Ra 31. DATE FILED (Month, Day, Year) NOV 0 5 '92

	_	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR						IYGIEN			
		1. DECEDENT'S NAME (First, M		Roy		Garne	er				2. DATE OF MONTH	3,	1992	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 220-38-25	P.	5. SEX 1 M 2 F	6. AGE (In)	rs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF I (Month, Di 6-16-	BIRTH ny, Ybar)		8. BIRTH Countr	PLACE (State or Foreign
1, 2, 3 should	OR	90. FACILITY NAME (If not instite Physicians	Mem			tal	9b. CITY, TOWN OR LOCATION OF DEATH					16-1941 Maryland Bc. COUNTY OF DEATH Charles			
	DIRECTO	RESIDENCE OF DECE	Ob. COUNTY		10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER P.O. BOX						10f	206				USA		THAT COUNTRY?
TLAND ZIZIS-0020 by the hospital or attending physician be detached for use as the burial-tra at once.	B	11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce	T EVER IN U. YES	S NO	- 1 - 3	It yes, sp	ecify Cubs	of HISPANI n, Mexican Specify:	C ORIGIN? (S , Puerto Rica	pecify Yes n, atc.)	or No-	14. RACE Black Specif Whi	- American Indian, White, etc.		
C Z I Z I Spital or attented for use as	PLETED	15. DECED (Specify only h Elementary/Secondary (0-12 11th gra	Give kind of life. Do NOT u	work done se retired.)	during mo		ng			il F		ness			
of by the hospit id be detached at once.	BE COMPL	17. FATHER'S NAME (First, Midd Thaddeus	Eug	ene Gai			Ė		We	eddi	e Her	Maiden Tie	sumame) tta	Wen	14
ay be retained by page 5 should be	10	Richard	Garn	er		9 S	traw	ber	ry F		e, Bi	yan	s Ro	d.,	Md. 20616
		28g. METHOD OF DISPOSITION 1 O Burlel 2 Cremation 4 Donation 6 Other (S)	3 Remo	ENSEE //	20b. PLACE AND DATE OF GISPOSITION (Name of carrietary, crematory or other piges) RESULTECTION 11/6 Clinton, Md.									Md.	
r death. e funeral. al.		Buyen		A F	Ben M 40065	atthew 8	vs T P	he .O.	Hunt Box	t F	unera 6, Wa	l H	ome, rf,	In Md.	c. 20604
within 24 houndletely filled I cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or cremation, or		23. PART I Enter the disease or condition resulting in death)	eses, or c rt fellura. I	iC	ercir	ia daath. Do a line,	Le			ing, such	as cardlec	or respi	ratory arr	rest,	Approximate interval Batweer Onset and Deati
ertificate be executed physician and region prior to bur other traumatic	RTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ita 💮			PHSEOUENCE O									
that the death of the attend the and Mental Hy any Injury, or	L CEF	PART II. Other algnificent	condition	contributing to	death but	not resulting	In the ur	iderlying	Ceuse	jiven in P	Part I. 244	, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: The law requires that I this certificate has been signed by with the State Dept. of Health and ried, or Item 23 shows any I	: MEDICA	relastos	sen	med	iashin	um,	Bo	ne	0			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ATTENDING PHYSICIAN: The law requires that CTOR. After this certificate has been signed by a sitter death with the State Dent. of Health and 28 is marked, or item 23 shows any	HYSICIAN:	25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:				t: sing Home	5 🗆 Re		ck only one)	ecify)			
VDING PHYSII : After this corr death with the marked,	ВУ Р	a Destate	eatigation	28e. OATE OF (Month, D	Pay, Year) OF INJURY	28b. TiM IN.	URY M		ES 2] NO	28d. DESCRIE				nuto Number
OR DIRE	MPLETED	4 Homicide dat	uld not be ermined /ING PHYSIC	bulkling,	etc. (Specify)						City or To	wn, State)			
HOSPITAL FUNERAL WITHIN 72	E COMF		L EXAMINER						eth occur		lme, date end		d due 10 th	e cause(e)	end menner ee stated. (Month, Day, Year)
THE TO THE DE filed IMPOR	TO BE	30 NAME AND ADDRESS OF PL	ath	COMPLETED CALL	tend	ing 1	lugs	(in)		1258			> //	1-4.	-92

MD. 7C Post Office Road, Waldorf. Md.

32. REGISTRAR'S SIGNATURE.

June Davidson-Andels.

20602

31. DATE FILED (Month, Day, NOV

MARTHA WEST							2. DATE OF DE	DAT		YEAR	. TIME OF DEATH
	GONDER						Novembe			2	4:04
4. SOCIAL SECURITY NUMBER 243-07-7130	5. SEX	6. AGE (In yrs. 81	last birthday) YRS.	IF UNDER 1 YEAR		MIN.	7. DATE OF BIF (Month, Day, April	Visari		Country) Mary	ACE (State or For
9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TOWI	OR LOCATI	ON OF D	-		9c. COUNT	-	
Dennett Road M	Manor Nursi	ng Home		0al	cland				Gar	rett	
RESIDENCE OF DECEDE	COUNTY										
	Garrett		10c. C11	Y, TOWN OR LOC	land						od, INSIDE CITY
10e. STREET AND NUMBER					10f. ZIP COD	E		Т	10a, CITIZI		X YES 2 1
56 Alder Stree	et			:		550			US		
11. MARITAL STATUS 1 📉 Never Married 2 📄 Marrie 3 🗋 Widowed 4 📄 Divorced	FORCES?	ENT EVER IN U.S. 1 YES 2 WAR OR DATES		If yes,		ın, Maxic	NIC ORIGIN? (Spe an, Puerto Rican, ly:		or No-	4. RACE — Black, V Specify:	- American India White, etc. White
	"S EDUCATION at grade completed)	16a.	(Give kind of	USUAL OCCUPA work done during	TION most of work	na	16b, KIND	OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	ive Sec			In	sura	ance		
17. FATHER'S NAME (First, Middle, L	ast)			111-			AME (First, Middle,				-
Thomas Alphons	se Gonder				Anı	nie :	McComas	Wes	st		
19a. INFORMANT'S NAME (Type/Pri	nt)		19b. MAILING	ADDRESS (Street	and Numbe	r or Rural	Route Number, City	y or Town	n, State, Zip (Code)	
Richard J. Gon	der		215	Brooke	Avent	ıe	Norfol	k, V	7a. 23	3510	
20a. METHOD OF DISPOSITION 1 IN Burlal 2 Cremation 3	☐ Removel from State	20b. PLA	CE OF DISPO	SITION (Name of	cemetery, cre				CATION — C		
4 Donation 5 Other (Speci		0a	kland	Cemete			11/5	0a	aklan	l, Ma	ryland
21. SIGNATURE OF TUNEFAL SERV	1 Dun	/ мос	0167		t Fun		L Home -		0. Bo		_
23. PART I. Enter the disease	es, or complications tr	ist caused the							rainev sera		
IMMEDIATE CAUSE (Final disease or condition resulting in death)			ine. Infa	rction	noda of dy	ring, suc	en as cardiac o	r reapi		ot,	Approxima interval Be Onset and Hours
IMMEDIATE CAUSE (Final disease or condition	a. l'iyo	cardial	Infa	rction	node of dy	ring, suc	on as cardiac o	r reapi			intarval Be Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Myo DUE Y Val	cardial	Infa Infa SEQUENCE C	rction _{Pr:} Disease	node of dy	ring, suc	ch as cardiac d	r reapi			interval Be Onset and Hours
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Pryo Due T Val	cardial co (or as a con vular	Infa Infa SEQUENCE C SEQUENCE C	rction Pri Disease	node of dy	ring, suc	ch as cardiac d	и геари		• • • • • • • • • • • • • • • • • • • •	interval Be Onset and Hours
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Piyo DUE T Val DUE T c. DUE T	cardial coras a con vular H coras a con coras a con coras a con	Infa Infa SEQUENCE C	rction P): Disease P):					AUTOPSY		interval Be Onset and Hours
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Priyo DUE T Val b. Val DUE T d. DUE T	cardial co (or as a con vular H co (or as a con co (or as a con co (or as a con co (or as a con	Infa	rction Pr: Disease Pr: Pr: In the underly	ing cause	given in	i Part i. 24e.		AUTOPSY MED?	24b. W	interval Be Onset and Hours
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co	a. Proper Val	cardial co (or as a con vular H co (or as a con co (or as a con co (or as a con co (or as a con	Infa	rction Pri: Disease Pri: In the underly ated sc	ing cause	given ir hren	Pert i. 24s.	WAS AN	AUTOPSY MED?	24b. W	Hour: Year: Veer AUTOPSY FIRMALABLE PRIOR 1: OWNELTION OF C. F DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant co Malnutrition 25. WAS CASE REFERRED TO MED EXAMMER? 1 YES 2 X NO	a. Piyo DUE T Val b. Val DUE T c. DUE T d. Chronic HOSPITAL:	cardial co (or as a con vular H co (or as a con co (or as a con co (or as a con co (or as a con	Infa	rction PF: Disease PF: In the underly ated sc	ing cause	given ir hren	i Part i. 24e.	WAS AN PERFOR	AUTOPSY MED?	24b. W	Hour: Year: Veer AUTOPSY FIRMALABLE PRIOR 1: OWNELTION OF C. F DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST PART II. Other significant conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the	a. Piyo DUE T Val b. Val DUE T c. DUE T d. Inditiona contributing to provide the contributing to provide the contribution to provide the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contri	cardial O (OR AS A CON Vular H O (OR AS A CON to death but no undiffe	Infa	rction Pi: Disease Pi: In the underly ated sc OTHER: 4X Nursing H AEC OF 286.	ing cause	given in hren DEATH (C	Part i. 24a. 1 X 1 X 1	WAS AN PERFOR	AUTOPSY MED?	24b. W A C C O 1	Hour: Year: Veer AUTOPSY FIRMALABLE PRIOR 1: OWNELTION OF C. F DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant co Malnutrition 25. WAS CASE REFERRED TO MEDEXAMINER? 1 YES 2 (NO) 27. MANNER OF DEATH 1 Natural 6 Pendin	a. Piyo DUE T Val b. DUE T c. DUE T d. Chronic PICAL HOSPITAL: 1 Inpatient 2 288. DATE (Month, not be PLACE)	Cardial O (OR AS A CON VUlar H O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	Infa	rction Pi: Disease Pi: In the underly ated sc OTHER: 4X Nursing H de OF JURY M 1	PLACE OF Ome 5 R RINJURY AT WORK?	given in hren DEATH (C	Part i. 24a. 1 X 1 X 1 1 X 1 1 X 1 1 X 1 1 1 1 1 1	WAS AN PERFOR	AUTOPSY MED? NO NO NJURY OCC	24b. W	Interval Be Onset and Hour: Year: Year: VERE AUTOPSY FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES FROM ILLES
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in death) LAST PART ii. Other significant conditions in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	a. Piyo DUE T Val b. DUE T c. DUE T d. Chronic PICAL HOSPITAL: 1 Inpatient 2 288. DATE (Month, not be PLACE)	Cardial O (OR AS A CON Vular H O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR	Infa Infa Infa Infa Infa Infa Infa Infa	rction Pi: Disease Pi: In the underly ated sc OTHER: 4X Nursing H EF OF 28c. JURY M 1 street, factory, or	PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLA	given in hren DEATH (Clesidence	1 Part i. 24a. 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	WAS AN PERFOR	AUTOPSY MED? NO NUMBER OCCU	24b, W AC CO O 1	Interval Be Onset and Hour: Year: Vere Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Autopsy Final Aut
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in death) LAST PART ii. Other significant conditions in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	a. Piyo DUE T Val b. Une T c. DUE T d. Chronic PICAL HOSPITAL: 1 Inpatient 2 28. OATE (Month, Month) 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE building 1 28e. PLACE buildi	Cardial O (OR AS A CON Vular H O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR	Infa Infa Infa Infa Infa Infa Infa Infa	rction Pi: Disease Pi: In the underly ated sc OTHER: 4X Nursing H EF OF 28c. JURY M 1 street, factory, or	PLACE OF COME 5 R R R R R R R R R R R R R R R R R R	given in hren DEATH (Clesidence	1 Part i. 24s. 1 A 1 X 1 A 1 X 1 A 1 A 1 A 1 A 1 A 1 A	WAS AN PERFOR	AUTOPSY MED? NO NJURY OCCI and Number of	24b. W A C C O 1 IRED Flural Rou d. csuse(s) s	Interval Be Onset and Hour: Year: Year: Vear: Vear: Vear: Vear: Vear: Vere Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy Fin Autopsy
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions and investigation of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition o	a. PHYSICIAN: To the basis of	Cardial O (OR AS A CON VUlar H O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR	Infa Infa Infa Infa Infa Infa Infa Infa	rction FF: Disease FF: In the underly ated sc AX Nursing H EF OF JURY M 1 street, factory, or	PLACE OF 0 PLACE OF 0 oma 5 R NJURY AT WORK? YES 2 Wilca ate and place 1, death occu	given in hren	Part i. 24a. 1 A 1 X 1 A 1 X 1 A 1 A 1 A 1 A 1 A 1 A	WAS AN PERFOR	AUTOPSY MED? NO NJURY OCCI and Number of	24b. W A C C O 1 IRED Flural Rou d. csuse(s) s	Interval Be Onset and Hour: Year: Year: VERE AUTOPSY FR MALLABLE PRIOR TO OMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION

The same of

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	AL OF MATTER	CERTIF	ICATE OF		REG. N			
- 0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Domenico Grem	biale				Oct. 27,	1992	YEAR	5:00 a. M
	4. SOCIAL SECURITY NUMBER 5. SE		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
	101-36-4980 17	M 2 □ F 68	YRS.	MONTHS DAYS	HOURS MIN.	July 5,	1924	Countr	"Italy
	9a. FACILITY NAME (if not institution, give street en			9b. CITY. TOWN	OR LOCATION OF OR		9c. COUN	ITY OF D	
Œ			,						
5	19629 Gunners Branch	Ka. Apt. C	3	Germant	own		Mont	Lgom	ery
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?
5	Maryland Montgome	ry	Ger	mantown					1 TES 2 X NO
AL	10e. STREET AND NUMBER			10	f. ZIP COOE		10g. CITI	ZEN OF V	VHAT COUNTRY?
ER.	19629 Gunners Branch	Rd. Apt. (7		0876		Ital	l v	
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U	S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify		14. RACI	E — American Indian, k, White, etc.
	I C Hatel mailies 7 Washing	ORCES? 1 YES			ecify Cuben, Mexica 3 2 🔀 NO Specify	n, Puerto Rican, etc.)		Spec	
ВУ	3 Widowed 4 Divorced				**				White
	15. OECEDENT'S EDUCATION (Specify only highest grade comple		Be. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF I	BUSINESS/IND	USTRY	
		ege (1-4 or 5+)	life. Do NOT u	se retired.)					
MPI	6		Tailo:	r		Text	ile In	idust	ry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	len Surname)		
BE (Gennaro Grembiale				Rose Sci	hettini	5		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	end Number or Rural	Poute Number, City or 1	fown, State, Zip	Code)	
F	Jerry Grembiale		sam	e as #10					
	20a. METHOD OF DISPOSITION 1 ☑ Burlel: 2 ☐ Cremation: 3 ☐ Removal fr	20b. P	LACE AND DAT	E OF DISPOSITION	(Name		LOCATION —		
	4 Donation 5 Other (Specify)	Gat	e of H	or other place) eaven Ce		10/30 Si	lver S	Spri	ng, MD
	21. SIGNATURE OF FUNERAL SERVICE LIVERSEE)()			nd Address of FA				
	1.6.6) and N	100896			rk Dr. Ga	ithoro	hure	g. MD 20877
CERTIFICATION	ellock, or heert fellure. List of IMMEDIATE CAUSE (Fine disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	m	any to	Trocheo Logges \$	long.	high	Interval Between Onset end Death
S	6								
PHYSICIAN: MEDICAL	PART II. Other significent conditions con	tributing to death but	not resulting	In the underlyle	ng ceuse given in	PERI	AN AUTOPSY FORMED?	24	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED						_ '''	2 DINO		OF DEATH?
2									
M	25. WAS CASE REFERRED TO MEDIÇAL			26, 1	LACE OF DEATH (C/	eck only one)			
C		SPITAL:	lent 3 🗆 DOA	OTHER:	no de la colonia	8 Other (Specify)			
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. Til		JURY AT	28d, DESCRIBE HO	W INJURY OC	CUREO	
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	- 16		ORK? YES 2 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, farm,			281. LOCATION (Str.	et and Number	r or Rural	Route Number,
ED	4 Homicide determined	building, etc. (Specify		•		City or Town, St	nto)		
H	29e. CERTIFIER								
COMPLETED	(Check only T CERTIFYING PHYSICIAN:	To the best of my knowled the tiasis of examination a	-						(e) end manner as stated.
	296 HIGHATURE AND TITLE OF CHETTERS	(1	- Fillipin					
BE	MAKAMINI I	0			29c. LICENSE NU	607	290, UAT	ESIGNE	Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO COM	IPLETED CALIGE OF DEAT	H (ITEM 27) /F-	e Print)	1030			1	1-1116
•					m. C=00=	holt Mor	w1ond	207	70
	Khosrow Seyed-Makki 31. DATE FILED (Mogen, Day, Year)	32 REGISTRAD'S SIGNAT	-A Han	over PKV	y. Green	Deit, Mai	yrand	207	/ U
	00 2 mg	32. REGISTRAR'S SIGNAT							

" a Karama Madella

1 -	STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE OF I	/ MAKYLAND / CE			OF DEA		MENTA	REG. NO.	_		
1. DECEDENT'S NAME (First	, Middle, La:	st)		-11111	IOAIL	OI DEA		2. DATE	OF DEATH			3. TIME OF DEATH
JOYCE	BAI	KER GUTHR	TF					MONT	H D		YEAR	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS.		ober 2	/ , 19		5:23 PM M PLACE (State or Foreign
300-07-7229	.	1 🗌 M 2 💢 F	75	YRS.	MONTHS D	MYS HOURS	MIN.		Nov. 20, 1916 Ohio			y)
9a. FACILITY NAME (If not in		re street and number)			9b. CITY TI	OWN OR LOCAT	ION OF D		20,		OTY OF D	
			015									
4615 North	PAIK	Avenue, #	915		Chev	y Chase	3			Mon	tgom	ery
10a. STATE	10b. COU	NTY		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
Maryland	Мот	ntgomery			Chevv	Chaco						LIMITS?
10s. STREET AND NUMBER					nevy_	10f. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
4615 North	Park Avenue, #916 20815 USA											
11. MARITAL STATUS	Tark	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WA	S DECENDENT		NIC ORIGI	f? (Specify Yes		14. RACE	- American Indian,
1 Never Married 2		FORCES? 1	YES 2 X	40	H y	YES 2 X NO	in, Mexica	m, Puerto	Rican, etc.)		Black Speci	, White, etc.
3 X Widowed 4 Dive	becord				''	, res e (Mino	opour	y .				ite
	EDENT'S E	DUCATION ade completed)	16a. DE	CEDENT'S	USUAL OCC	JPATION ing most of worki		168	KIND OF BU	SINESS/IND		
Elementary/Secondary (6		College (1-4 or 5		Do NOT us	e retired.)	ng most or wone	10					
12		4	Rea	al Es	tate .	Agent			Real	L Est	ate	Industry
17. FATHER'S NAME (First, M	fiddle, Lest)						HER'S NA	ME (First,	Middle, Meiden			
Stanley M.	Bake	er					lnn .	Jovce				
19a. INFORMANT'S NAME (196	b. MAILING	ADDRESS (S	treet and Numbe				n, State, Zip	Code)	
Ann G. Hin	gstor	(Daughte	r) 50)19 A	llan '	Road -	Beth	nesda	. Mars	fland	208	16
20a, METHOD OF DISPOSIT	ION				OF DISPOSITION		2001	OAT		CATION —		
1 Cametery, cremetery, cremetery or other place Culpeper Nat'1 Cem. Oct 30,1992 Culpeper, Virginia												
21, SIGNATURE OF PENERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY												
DeVol Funeral Home												
John	nr	Della	4			22 Wisc						20007
23. PART I. Pater the d	iseases, c	or complications that	t caused the de	ath. Do r	not enter th	e mode of dy	ing, suc	h as can	diac or respi	ratory arr	est,	Approximate
Interval Between Onset and Death Idease or condition a ENDOMETRIAL CANCER INTERVAL & YRS.												
disease or condition resulting in death)	\rightarrow	ENDON	NETRIF	74	CA	NCE	1					12 YR5.
			(OR AS A CONSEC									
woodstand and or our		b										
Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	QUENCE DI	F):							
cause, Enter UNDERLY CAUSE (Disease or Inju		c										
that initiated events		DUE TO	(OR AS A CONSEC	QUENCE OF	F):							
resulting in death) LAS	T	d										
PART II Other significa	est condit	lone contribution to	death but not a	- tat-		d to a constant	1	m				
PART II. Other aignifica	int conditi	ions contributing to	death but not r	esuiting	in the unde	riying cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
									1 YES 2	HO		COMPLETION OF CAUSE OF DEATH?
										/		1 YES 2 NO
										1	1	
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. PLACE OF D	EATH (Ch	eck only or	10)	1		
1 VES 2 X NO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	Home 5 🗓 R	esidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM		c. INJURY AT WORK?			CRIBE HOW I	NJURY OCC	URED	
	Pending investigatio	- 1	-,,	1111		YES 2	NO					
2 Deviates	Could not b	26a. PLACE D	F INJURY — At ho atc. (Specify)	me, ferm, s	street, factory	, office		28f. LOC	ATION (Street e	and Number	or Rural R	oute Number,
	determined		are (openiny)					City	or Town, State)			
290. CERTIFIER	CIEVING PH	VSICIAN: To the heat of	mu knowledge de		ad and the stand	aid Sea edilo	-30 MH				5.V	
anal .		YSICIAN: To the best of) and manner as stated.
				veetrym10	, at my opin	IOII, GORIII OCCU	- ou at the	come, date	and place, an	u are to th	e cause(s)	and menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIF	JER /	-	N		29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNEO	(Month/Day, Year)
Klern G	· /V	ealon	· M.	DI.		D:	23	12,	/	> /0	1/2	7/42
30. NAME AND AODRESS OF						- 400	E 01	h	Oh -	3475	000-	-
Kevin G. Ne	Mear)			nsin	Avenu	e, #92.), U	nevy	Chase	, MD	2081	.5
וויייל כי דחח	0.2	Julia La	A'S SIGNATURE	- 10 ale								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

17.79

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	Я	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	OEATH			3. TIME OF DEATH
	Michael Fred	derick		Gass	ner		MONTH	tobe	r 30	YEAR	92 1312 •
	4. SOCIAL SECURITY NUMBER 294 10 2082		AGE (In yrs. lest to 36		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 6-10-	BIFITH	T	A. BIRTH	IPLACE (State or Foreign n) 1gary
HC H	96. FACILITY NAME (If not institution, give a Calvert Memoria.					on LOCATION OF DI			9c. COUNTY OF OEATH Calvert		
5	RESIDENCE OF DECEDENT										
DIRECTOR		vert			sapeake						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4011 14th Street				16	1. ZIP CODE 20732			_	ZEN OF V	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO		If yes, s	CENDENT OF HISPAI Decify Cuban, Mexica 3 2 X NO Specifi	in, Puerto Ricar		or No—		E - American Indian, k, White, etc.
유	15. OECEDENT'S EDUC		16a, OECE	DENT'S U	SUAL OCCUPATI	ON	16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)			ork done during m retired.) netal W		Con	stru	ctio	n		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Michael		Gas	ssnei	:	18. MOTHER'S NA Malry	ME (First, Middl	ie, Maiden S	Sumame) W	ineg	ardner
TO B	19e. INFORMANT'S NAME (Type/Print) Margie Abel		19b. I 84	MAILING A	ADDRESS (Street ashingt	on Ave.,	Alexai	My or Town	State, Zip	Code)	2309
	20e, METHOD OF DISPOSITION 1 Seuriel 2	oval from State	20b. PLACE AN competery, crome	D DATE OF	DISPOSITION (N	11-3-	92		kandr		
	21. SIGNATURE OF FUNERAL SERVICE LAS	bour 16.	Mean		100	nd address of fa		, PA	Ow	rings	s, MD 20736
	25. PART I. Enter the diseases, or o	complications that car	Used the deat	h. Do no	t enter the me	ode of dving, suc	h ea cardiec	or respir	ratory arr	net	Approximata
	ahock, or heert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	on each line.			ente					interval Batween
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS A CONSEQU						_		
CERTI	thet initiated events resulting in death) LAST	d	AS A CONSCOU	ENCE OF							
ا پَ	PART ii. Other algnificant condition	s contributing to dee	th but not res	uiting in	the underlyin	g cause given in	Part i. 24a	. WAS AN		24b	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Peplic (= mel		I near					MED?	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL										
ᅙ	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Ch					
<u>≅</u> ∥	1 YES 2 NO	1 Inpatient 2 ER/				ne 5 Aveldence					
BY PH	1 Heturel 5 Pending	26s. DATE OF INJU (Month, Day, Ye	er)	INJU	RY W	JURY AT DRK? YES 2 NO	28d. DESCRIE	BE HOW IN	JURY OCC	UREO	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJ building, etc. (IURY — At home (Specify)	, farm, sti	reet, factory, offic	•	261. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beet of my k) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		_ \	~~)	29c. LICENSE NUM	ABER				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 4	T) (Time 1	Print)		1 -	ا د ر	//	1 6	77 -
					ent)						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	32.	-						

Alt on the

100/2 100/2 /cor

Hon

DHMN-18 Rev 1/89

_	***	Pages	
BALTIMORE, MARYLAND 21215-0020	E HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cetificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending professional and the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the	F EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner and Mental Hydiene prior to burial, cremation, or removal.	þ
215-002	ittending phy	e as the bur	
ND 212	hospital or a	fached for us	ice.
MARYLA	stained by the	should be de	otified at or
IORE, N	6 глау ре п	ector, page 5	must be no
BALTIM	er death. Page	he funeral dir	i examiner
	24 nours after	filled in by t	the medica
68760,	ecuted within	nd completely burial, cremat	itic event, 1
BOX	tificate be ex	physician a ene prior to	ther trauma
DS, P.C	the death cer	the attending	njury, or o
ECOR	equires that t	en signed by of Health and	hows any I
VITAL B	NY: The law n	State Dept.	r Item 23 s
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIA	F EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIC	OR ATTEND	DIRECTOR: A	item 28 is
	HOSPITAL	FUNERAL within 72	STANT: IF

PORTANT

五月

223

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 William Taylor Greenwalt November 5:35 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS (Month, Day, Year) 6/23/1920 1 M 2 - F DAYS MIN. YRS. 232-26-7261 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH St. Mary's DIRECTOR at home 57 East Rennell Lexington Park RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Lexington Park Maryland St. Mary's 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20653 57 East Rennell U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Curban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 8 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 3rd Grade Farmer Farm 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Vinnie Dahl Charles Lester Greenwalt BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20653 Madeline Virginia Williams 84 Lord Calvert Trailer Pk., Lexington Park, Md. 20a, METNOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Green Hill Cemetery Berryville, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. nichaelmiline P.O. Box 270, Leonardtown, Maryland 20650 23. PART | Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Lung (ances resulting in death) DUE TO (OR AS A CONSEQUENCE OF): igare to 8moking PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not ba 4 Homicide 29a. CERTIFIER (Check only TX) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATUPE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) harles Bennethur. 25156 1942 Novemby 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Charles Bennett, M.D. Lusby, Maryland 32. REGISTRAR'S SIGNATURE his Davidson-Randall

1 - STATE REGISTRAI	1 -	FOR STATE REGISTRAR
------------------------	-----	---------------------------

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE (OF DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF				3. TIME OF DE	ATH
Blanche	Louise Hall				Octob	per 30	, 19	EAR 92	4:55	Ам
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF	BIRTH	0.	BIRTHP	PLACE (State or	Foreign
233-10-0964 D	1 M 2 1 F 8	9 YRS.	MONTHS D	NYS HOURS MIN.	Feb. 1			Country) nington	- DC
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D		1	9c. COUNTY			, 20
Manor Care-Poto	omac		Po	tomac			Monto			
RESIDENCE OF DECEDENT	J		10	Comac			Monte	JOINE	ET À	
10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CIT	Υ
Maryland Mon	ntgomery	N	orth B	ethesda				_1	1 YES 2X] NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEI	N OF WI	HAT COUNTRY?	
11413 Empire La	ane			20852		- 1	Unite	ed S	States	
11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISPA			or No 14	RACE	- American Inc	dlan,
1 Never Married 2 Married	FORCES? 1 YES			s, specify Cuben, Mexic YES 2 K NO Speci		in, etc.)		Black, Specify	White, etc.	
3 🔀 Widowed 4 🗌 Divorced				1400 T 2000 1000	,			,	Whit	е
15. DECEDENT'S ED (Specify only highest grad	UCATION is completed)	16a. DECEDENT'S		PATION ng most of working	16b. KII	ND OF BUSI	NESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)	not or working						
12		Homema	ker			Owr	n Home	3		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			urneme)			
Giles Pitt				Magg	gie Moh	ler				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Number,	City or Town,	State, Zip Co	ide)		
Marjorie L. Bas	sil	11413	Empir	e Lane, No	orth Be	thes	da, MI) 2	20852	
20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE	20c. LOC/	ATION - City	y or Tow	rn, State	
1 C Burial 2 Cremation 3 Res	R R	netery, cremetory or o	k Ceme	tery 11/2	/92	Was	shingt	on,	D.C.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, MD 20814-3501										
23. PART i. Enter the discesses, or	Jamon		7557	Wisconsir	a Ave.,	Bethe	esda, M	1D 2	0814-3	501
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	a of Bre A CONSEQUENCE O A CONSEQUENCE O	PF):						Onset ar	id Death
PART II. Other significant condition	one contributing to death i	hut mat manifelan	In the and-	diday and the term						
Atherosclerotic				lying ceuse given in		e. WAS AN A PERFORM YES 2	ED?		WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?	OT R
					—				1 YES 2	NO
AT 1100 0405 STEEDER										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	19-	OTHER:	6. PLACE OF DEATH (C	heck only one)					
1 YES 2 NO	1 - Inpetient 2 - ER/Out	patient 3 🗆 DOA		Home 5 - Residence	6 Other (S)	pecify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TiM	JURY	WORK?	28d. DEŞCRI	BE HOW IN.	JURY OCCUP	RED		
3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF IN ILID	Y — At home, farm, ocify)	street, factory,	office	281. LOCATIO City or R	ON (Street an lown, State)	d Number or	Rural Ro	oute Number,	
	SICIAN: To the best of my know							ause(a)	and manner as	stated.
296. SIGNATURE AND ATTLE OF CERTIFIE	11/2/			29c, LICENSE NU	WEET		29d. DATE S	IGNED /	Month, Day, Year	7)
1 1990 19	MARKEN	M		D3797	75				30, 1	•
Jeffrey P. Indri						wina	*			J 3 L
			тута А	venue, Sil	iver sp	ring,	, MD	209	02	
NOV 01 92	Julia Davids	AL GOODS								

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CI	ERTIF	ICATE O	F DEAL	ГН	RI	EG. NO.			
- 3	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D				3. TIME OF DEATH
	_Ravmond	Langdon		На:	rdv			1 ()	28		1 0 0 1	9 • 15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	R IF UNDER	24 HRS.	7. DATE OF B	HTH		8. BIRTI	IPLACE (State or Foreign
	018-30-8878	1 XM 2 F	51	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day		9/1	Count	sachusetts
	Se. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	N OR LOCATH			0,		NTY OF D	
Œ	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Lm 105				on or bea			sc. 000	MIT OF D	CAIN
DIRECTOR	4400 East-West E	ilgnway, #	FT-105		Reth	esda				Mo	ntgo	mery
Ä	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						10d, INSIDE CITY
a	Maryland Mor	ntgomery		Ве	thesda							LIMITS?
4	10s. STREET AND NUMBER					10f. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	4400 East-West	Highway	#T-105			208	14			IIn i	ted	States
3	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. WAS D			C ORIGIN? (Sp	ecify Yes		14. RACI	E — American Indian.
	1 Never Married 2 Married	FORCES? 1	☐ YES 2 ☑ P	40	If yes,	epecify Cube ES 2 X NO	n, Mexican,	Puerto Rican	, etc.)		Spec	k, White, etc.
B	3 Widowed 4 Divorced						opoury.				apec	White
뮵	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)			USUAL OCCUPY		-	16b, KIN	OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min	Do NOT us	e retired.)	most of world	w.					
MP.		2	Cor	npute	r Analy	yst			Con	npute	er	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAM	E (First, Middle	, Maiden	Sumame)		
ш	Ralph Emerson H	lardy				Ma	rgare	et Wat	erma	an		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	et and Number	or Rural Ro	oute Number, C	ity or Town	n, State, Zi	p Code)	
-	Edward A. Hardy		3	351 W	hites 1	Path,	Sout	h Yarm	outh	A, MA	02	664
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	owni from State	20b. PLACE	ANDDATE	OF DISPOSITION	(Name of 10	/31/9	2DATE	20c. LO	CATION -	City or To	nwn, Stata
	4 Donation 5 Other (Specify)	TOTAL TION STATE	Monto	jomer jomer	y Crema	atoriu	m, II	nc.	Bet	hesc	la, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22, NAME	AND ADDRES	S OF FACI	LITY		- 1 1		,
	Raturb to	211-1	I.	10019	8 Z Be	hesda	-Che	vy Cha	se,	Inc.	iome/	20814-3501
	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do r	of enter the	made of dvi	USTU	Ave.,	Beti	retory	, ML	Approximate
	snock, or neart fellure.	List only one ceur	se on each line).				us cardiac	or respi	atory at	· oot,	interval Between
	iMMEDIATE CAUSE (Finei disease or condition	ATLAN	2001		~ 0	110	12/		0		,	Onset and Death
	resulting in death)	B. DUE TO	OR AS A CONSE	DUENCE O	D 9	1901.	-2(m	431	7(1007	7	
_	_				,							i
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							1
8	cause. Entar UNDERLYING	•										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF	F):							
토	resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
		d										
ö	PART II Other classificant and date:	d		en area			438 77713					
SAL CE	PART II. Other significant condition	d	death but not r	esulting	in the underly	ing cause g	iven in P	art I. 24a.	WAS AN PERFOR	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
DICAL	PART II. Other significant condition	d	death but not r	resulting	in the underly	ing cause g	jiven in P			MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	PART II. Other significant condition	dns contributing to	death but not r	resulting	in the underly	ing cause g	given in P		PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL		dns contributing to	death but not r	resulting	in the underly	ing cause g	given in P		PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		death but not r	resulting	26.	ing cause g		1 d	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 SY YES 2 NO	dns contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributing to have a contributi				PLACE OF DE	EATH (Chec	1 []	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (2) YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3	DOA 26b. TIM	26. OTHER: 4 \sum Nursing H E OF 28c.	PLACE OF DE	EATH (Chec	1 []	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 SY YES 2 NO	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De	ER/Outpatient 3 INJURY by, Year)	DOA 26b. TIM	26. OTHER: 4 □ Nursing H E OF URY M 1 □	PLACE OF DI ome 5 [X]Re INJURY AT WORK? YES 2	EATH (Chec sidence 8	1 Dick anly one)	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\frac{1}{2} \) \(\text{VES} \) 2 \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da	ER/Outpatient 3	DOA 26b. TIM	26. OTHER: 4 □ Nursing H E OF URY M 1 □	PLACE OF DI ome 5 [X]Re INJURY AT WORK? YES 2	EATH (Chec sidence 8	Other (Spa	PERFORMAN AND AND AND AND AND AND AND AND AND A	MED?	CURED	AAAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☑ YES 2 □ NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da	ER/Outpatient 3 INJURY ny, Year) FINJURY — AI ho	DOA 26b. TIM	26. OTHER: 4 □ Nursing H E OF URY M 1 □	PLACE OF DI ome 5 [X]Re INJURY AT WORK? YES 2	EATH (Chec sidence 8	1 [] Other (Special DESCRIB	PERFORMAN AND AND AND AND AND AND AND AND AND A	MED?	CURED	AAAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☑ YES 2 □ NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da) 28a. PLACE Of building, (ER/Outpatient 3 INJURY — Al ho etc. (Specify)	DOA 28b. TIM INJ	26. OTHER: 4 Nursing H E OF 28c. URY M 1	PLACE OF DI ome 5 XRe injury AT work? YES 2	EATH (Checosidence 8	1 D Other (Spe 28d. DESCRIB	PERFORM VES 2 OCITY) E HOW III N (Street a vri., State)	MED? NO NJURY OC	CURED or Rural H	AAAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☑ YES 2 □ NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, De) 28s. PLACE Of building, of	ER/Outpatient 3 INJURY — Al ho etc. (Specify) my knowledge, de	DOA 26b. TIM INJ	26. OTHER: 4 Nursing H E OF 28c. URY M 1 street, factory, of	PLACE OF DI Ome 5 XRs INJURY AT WORK? YES 2 Iffice Interest and place,	EATH (Chec sidence 8	Other (Spe 28d. DESCRIB 281. LOCATION City or Tow	PERFORM VES 2 ACITY) E HOW III N (Street a vrn, State)	MED? NO NJURY OC	r or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYS	HOSPITAL: 1 Inputent 2 28s. DATE OF (Month, De 28s. PLACE Of building, dicIAN: To the best of exercises of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the pas	ER/Outpatient 3 INJURY — Al ho etc. (Specify) my knowledge, de	DOA 26b. TIM INJ	26. OTHER: 4 Nursing H E OF 28c. URY M 1 street, factory, of	PLACE OF DI ome 5 XPa INJURY AT WORK? YES 2 Hitca ste and place,	EATH (Checosidence 8	Other (Special Described City or Row on the cause(a) ma, data and	PERFORM VES 2 ACITY) E HOW III N (Street a vrn, State)	MED? NO NJURY OC NJURY OC NJURY oc NJURY oc NJURY oc NJURY oc	r or Rural II	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	HOSPITAL: 1 Inputent 2 28s. DATE OF (Month, De 28s. PLACE Of building, dicIAN: To the best of exercises of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the passes of the pas	ER/Outpatient 3 INJURY — Al ho etc. (Specify) my knowledge, de	DOA 26b. TIM INJ	26. OTHER: 4 Nursing H E OF 28c. URY M 1 street, factory, of	PLACE OF DI ome 5 XRa iNJURY AT WORK? YES 2 Iffice sete and place, i, death occur 29c. LICE	EATH (Checosidence 8) NO sand due to the dat the the	Other (Spe 28d. DESCRIB 28l. LOCATION City or Tov	PERFORM VES 2 ACITY) E HOW III N (Street a vrn, State)	MED? NO NJURY OC Ind Number Ner as sta d due to ti	r or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	HOSPITAL: 1 Inpettent 2 28e. DATE OF (Month, De la la la la la la la la la la la la la	ER/Outpatient 3 INJURY ny, Year) FINJURY — Al ho etc. (Specify) my knowledge, de tamination and/or i	DOA 28b. TIM INJ	26. OTHER: 4 Numing H E OF URY M 1 street, factory, of add at the time, d in, in my opinion	PLACE OF DI ome 5 XRa iNJURY AT WORK? YES 2 Iffice sete and place, i, death occur 29c. LICE	EATH (Checosidence 8	Other (Spe 28d. DESCRIB 28l. LOCATION City or Tov	PERFORM VES 2 ACITY) E HOW III N (Street a vrn, State)	MED? NO NJURY OC NJURY OC NJURY oc NJURY oc NJURY oc NJURY oc	cured for Rural II	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNISTINE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpettent 2 28e. DATE OF (Month, De la la la la la la la la la la la la la	ER/Outpatient 3 INJURY ny, Year) FINJURY — Al ho etc. (Specify) my knowledge, de tamination and/or i	DOA 26b. TIM INJ INJ INJ INJ INJ INJ INJ INJ INJ INJ	26. OTHER: 4 Nursing H E OF 28c. URY M 1 street, factory, of	PLACE OF DI ome 5 Ra NJUHY AT WORK? VES 2 Hice ste and place, death occur 29c. LICE	EATH (Checo 8 sidence 8) NO : and due to the the three number C. M.	Other (Special Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describer City or Tour Describ	PERFORM VES 2 OCITY) E HOW III N (Street a avvn, State) and man place, and	NJURY OC	r or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 1) and manner as stated. 1 (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)	HOSPITAL: 1 Inpetient 2 2 28a. DATE OF (Month, Date of the building, of the basis of extended to the building). BER: On the basis of extended to the building of the basis of extended to the building. D. WORDM. 32. REGISTRAI	ER/Outpatient 3 INJURY ny, Year) FINJURY — Al ho etc. (Specify) my knowledge, de tamination and/or i	DOA 28b. TIM INJ me, farm, s ath occurr investigatio	26. OTHER: 4 Numing H E OF URY M 1 street, factory, of add at the time, d in, in my opinion	PLACE OF DI ome 5 Ra NJUHY AT WORK? VES 2 Hice ste and place, death occur 29c. LICE	EATH (Checo 8 sidence 8) NO : and due to the the three number C. M.	Other (Spe 28d. DESCRIB 28l. LOCATION City or Tov	PERFORM VES 2 OCITY) E HOW III N (Street a avvn, State) and man place, and	NJURY OC	r or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 1) and manner as stated. 1 (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
١.	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERTIFI	CATE C	F DEATH	F	IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3. TIME OF DEATH	
	HARRY E.	HA	RPF	R		OCT.	DAY I'V	1905	4:10 A.	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF		1.1.00	HPLACE (State or Foreign	
	577-03-9278 1AH201		YRS.	MONTHS DA			y, Year)	Count		
8	98. FACILITY NAME (II not institution, give street end number) CARRIAGE HILL NURSING CTR, 96. CITY, TOWN OR LOCATION OF DEATH NONTGOMERY									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	MARYLAND MONTGOMERY		SILV	ER SPI	RING				LIMITS?	
FUNERAL	100. STREET AND NUMBER 1604 WHITE OAK DRIVE			10f. ZIP CODE 20910		10g. CITIZEN OF WHAT COUNTRY? USA				
B	1 Never Married 2 Merried FORCES?	DENT EVER IN U.S., 1 YES 2 E E WAR OR DATES	ARMED XNO	It yes	DECENDENT OF HISPA o, specify Cuben, Mexic YES 2 NO Speci	an, Puerto Ricar	RIGIN? (Specify Yes or No— 14. RACE — American In Black, White, etc.) Specify: WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. I	DECEDENT'S	USUAL OCCUP	PATION	18b. KIN	ID OF BUSINESS/	INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or	5+)	life. Do NOT use	retired.)	g most of working					
١١							DERAL GO		MENT	
3							le, Maiden Surneme	0)		
N N	LANDON HARPER 19a. INFORMANT'S NAME (Type/Print)	-	10h MAII INO	ADDRESS (A	MARY eet and Number or Rural		ULLIVAN	71-0		
2	DURONDA R. TOWLE (DAUGE	1							NIA 22193	
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State										
	1 \(\text{M Buriel 2 } \subseteq \text{Cremettor 3 } \subseteq \text{Removel from State} \) 4 \(\text{Donatton 5 } \subseteq \text{Other (Specify)} \) GATE OF HEAVEN C						SILVER S	SPRING	G, MARYLAND	
	21. SIGNATURE OF PURENAL SERVICE LICENSEE	l		FRAN	E AND ADDRESS OF FA	LLINS	FUNERAL	HOME		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contributing main white n anemia	to death but no	t resulting in	n the under	ying causa given in		NAS AN AUTOPS PERFORMEO? YES 2 NO	SY 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL				0.000					
1	EXAMINER? HOSPITAL:	2 Epito		OTHER:	B. PLACE OF DEATH (CI					
	27. MANNER OF DEATH 28e. OATE	2 ER/Outpetient OF INJURY	28b. TIME	-	Home 5 Residence		BE HOW INJURY (CCHEC		
		, Day, Year)	INJU	JRY	WORK?	and, preputiti	LIVE MOUNT	JOURED		
	3 Suicide 28e. PLACI	E OF INJURY — At ng, etc. (Specify)	home, term, st	reet, tectory,	office	28t. LOCATIO City or To	N (Street end Num wn, State)	ber or Rural I	Route Number,	
COMPLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best only 0ne) 2 MEDICAL EXAMINER: On the best of								e) end manner se stated.	
5	296, S) GNATURE AND TITLE, OF CERTIFIER				29c. LICENSE NU				(Month, Day, Year)	
	36 NAME AND ADDRESS OF PERSON WHO COMPLETED CO	enn	D	24.4	D331	159	•	10/2	7/92	
	Kuth Kevess-Cohen n	M. D. 8	700 l	Primi) Se.0 (9	ia Ave	#400	Silve	N SON	ing MD 20	
	31. DATE FILED (Month, May, Year) 32. REGIST	RAB'S SIGNATURE	12-2,00	1				-	J	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

Man your Land

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

09565 a. A M

2. DATE OF DEATH MONTH 10-27-9272

7. DATE OF BIRTH

EARNSTINE

5. SEX

4, SOCIAL SECURITY NUMBER

MONTHS

YDS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

EARNESTINE W. HEBRON

6. AGE (In yrs. last birthday)

HOSPITAL OR ATTENDING

1 M 2 - F 219-12-4869 01-23-20 Maryland 98 FACILITY NAME (If not institution, give street and number)
Shady Grove Adventist Hospital 96. CITY, TOWN OR LOCATION OF DEATH
ROCKVILLEMO 9c. COUNTY OF DEATH MONTGOMERY DIRECTOR RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE Maryland Gaithersburg Montgomery 1 TYES 2 XNO 10e. STREET AND NUMBER FUNERAL 18g. CITIZEN OF WHAT COUNTRY? 15707 Quince Orchard Road 20878 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2500 If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: Black ВҰ 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Elementary/Secondary (0-12) College (1-4 or 5+) 6th Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Hebron Malinda Payne BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 20878 2 Betsey Hebron (wife) 15707 Quince Orchard Rd., Gaithersburg, MD e 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State must Poplar Grove Cemetery Gaithersburg, MD □ Donation 5 □ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 EUR nond medicai 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. interval Between Lung Cancer Onset and Deeth **IMMEDIATE CAUSE (Fine)** the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL OBETRUCITUE WING DIJEASE any COMPLETION OF CAUSE 1 YES 2 NO OF OEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate ha h with the State D arked, or item 2 OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO After 1 death BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide DIRECTOR: A hours after de item 28 is ETED 8 Could not be determined 4 Homicide COMPLE 29s. CERTIFIER

// heark ank

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND THE OF CHES 29c. LICENSE NUMBER BE 出島 9 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHADY GROVE RO 5225 ALAN CHANACES 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) OCT 30 '99

DHMH-18 Ray 1/89

and the second

P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examines must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR CE	RIFIC	ATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Anna L. Huntt		_		2. DATE OF I	DAY	YEAR	3. TIME OF DEATH	
	1100		\		10	- 26-	72	DPM	
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. leat to 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	VRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	y, Year)	Count	"	
	9a. FACILITY NAME (If not institution, give street and number)	9b.	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	Washington Adventist Hospital		Takoma Park Montgomery County						
E	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY	
	Maryland Prince George	Ade	elphi					1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		10f	ZIP CODE		10g. CI	10g. CITIZEN OF WHAT COUNTRY?		
NE	1942 Saratoga Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM	50	12 WE DEC	20783 ENDENT OF HISPAN			USA		
	1 Never Married 2 Married FORCES? 1 YES 2 NO	If yes, spe	cify Cuban, Mexican 2: NO Specify.	, Puerto Ricar		Blac Spec	E — American Indian, ik, White, etc.		
р ВУ	3 Wildowed 4 X Divorced						Whi	te , .	
COMPLETED	(Specify only highest grade completed) (Give	EDENT'S USU s kind of work of NOT use reti	AL OCCUPATION tone during moved.)	N st of working	16b. KIN	D OF BUSINESS/II	NDUSTRY	wnlee	
PL	College (1-4 or 5 +)	il Cle			Safe	-wav			
Ö	17. FATHER'S NAME (First, Middle, Last)	22 020		18. MOTHER'S NAM					
BE (Samuel Baynes			Mamie		eney			
2				nd Number or Rural R					
	20a, METHOD OF DISPOSITION					Spring		yland 20901	
i	1 Buriel 2 Cremation 3 Removal from State	atoni or other n	(neel	natory	1				
1	21. SIGNATURE OFFUNERAL SERVICE LICENSEE	POLICE	22. NAME AN	D ADDRESS OF FAC	HLITY				
	1 imothy & laughe	ll	500 Ur	s J. Col	Blvd.	.,W. Sil	.Spr	, lnc.	
	23. PART I. Enter the diseases, or complications that caused the deel shock, or heart failure last only one cause on each line.	th. Do not e	nter the mo	de of dying, such	as cardiec	or respiratory a	rrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Fine)				_	0.		Onset and Death	
1	disease or condition resulting in death) a	ENCE OF:	teo u	04	7-0	roek			
z	C. Dome							į	
ET	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
FIC	CAUSE (Disease or injury that initiated events	JENCE OF):							
E	resulting in death) LAST	200						1	
ات	PART II. Other significant conditions contributing to death but not res	suiting in th	e underlying	ceuse given in I	Part i 24a	. WAS AN AUTOPSY	/ 241	. WERE AUTOPSY FINDINGS	
S				gron m		PERFORMED?	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
					_ ' '	YES 2 NO		OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL CERTIFICATION									
S S	25. WAS CASE REFERRED TO MEDICAL EXAMMER? HOSPITAL:	ОТ	26. PL HER:	ACE OF DEATH (Che	ck only one)				
HYS	1	DOA 4 C	Nursing Home	5 - Residence		ecify) BE HOW INJURY OF	COLIBED		
BY PI	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WO		200. DESCRIE	SE HOW INSURT OF	CCONED		
	3 Suicide 8 Could not be 4 Homicide determined	e, farm, street	factory, office			N (Street and Numb wn, State)	er or Rural i	Route Number,	
Ē,	O. CONTROL								
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deatled one) 2 MEDICAL EXAMINER: On the best of axamination end/or inv							a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	-		29c. LICENSE NUM	BER	29d, DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	- h	7	D04	20 40	<u> </u>		-26-92	
	So have I am bear it me			رب ري د	200	IN A	the au	oder med.	
	31. DATE FILED (MONTH Day, Year) OCT 2 '97 REGISTRAR'S SIGNATURE	.02					-		
- 1	OCT 27 92 Tulia Davidora Jones								



DIVISION OF VIT

DHMH-16 Rev 1/89

DATE OF STREET

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, this certificate has been significant with the State Dept. of He HOSPITAL DR ATTENDING PHYSICIAN: The law requir FUNERAL DIRECTOR; After within 72 hours after death TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If Itom 2

	63	
physician.	director, page 5 should be detached for use as the burial-transit	
retained by the hospital or attending	use as the	
00	Joy C	
e nospita	letached	
N D	De o	
m. rage o may be retained by the	5 should	
ay De	page	
E 0	300	
200	1 dire	
Death.	gned by the attending physician and completely filled in by the funeral direc	
ner.	the	Dova
113	in the	reg
100	Pilled	n, or
MUMIN 4	pletely	prior to burial, cremation, or removal.
are ne executed a	E00	rial, c
CACC	and	0 0
3	ician	10,1
Calle	phys	ne p
200	gling	ygie
245	аптел	th and Mental Hygiene
2	the	Me
ig.	2	and
8	gned	alth

31. DATE FILED (Mo

, Day, Ye

92 31876 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDBAT'S NAME (First, Middle Kenneth 2. DATE OF DEATH MONTH 3. TIME OF DEATH В. Hann YEAR 10 30 9 7. DATE OF BIRTH (Month, My, May) 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F 5-20-9596 66 Maryland 9a. FACILITY NAME (If not institution, give street and number) OCATION OF DEATH 9c. COUNTY T PH umm FUNERAL DIRECTOR RESIDENCE OF DEC 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll New Windsor 1 YES 2XXNO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2443 Bowersox Rd 21776 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 A YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, apecify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2. YNO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WW White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9 carpenter construction at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Russell Patrick Hann BE Nellie Eckhard notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vivian P. Hann 2443 Bowersox Rd. New Windsor, MD 21776 pe 20g. METHOD OF DISPOSITION
1 1 Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) akeview Memorial Gardens Eldersburg, MD examiner 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons 21. SIGNATURE OF FUNERAL SERVICE LICENSEE neuve New Windsor, medical 23. PART I. Enter the diseases, or complications that caused the des shock, or heart failure. List only one cause on each line. the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the the disease or condition_ event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate 101 cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Injury, (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 - YES 2 nt. 2 - ER/Outpetient 3 - DOA 6 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BŸ 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. ation and/or investigation, in my opinion, death occured at the time, data and place BE 29d. DATE SIGN D (Month, Day, Year) 10 0 9 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

'99

DHMH-18 Rev 1/89

	hos	ache	CG.
	the	e del	t on
	d by	D D	8
	taine	shou	uffe
	B 70	40	20
ĵ	ay b	pag	be 1
)	E 9	clo.	nus
	age	die e	97.0
	D.	le a	튵
	dea	ě .	exa
)	after	Dy th	icai
	SUNC	ii e	Den
	24 h	filled on, c	he r
	hin	Tation Tation	1, 1
	d wit	mple, cre	Nen
	cute	d co	Ilc 6
	900	to b	mal
ì	e pe	sicial	tract
	ificat	phy.	her
	cert	ding	0
	eath	atten tal F	Y, 0
	he d	Me)
	hat t	and and	my I
)	Be t	gne	60
	equi	el s	P O
	J ME	s be	3 8
	The	te De	m 2
	NY: 1	Sta	1 16
	SICIA	certi	1, 0
)	PHY	With	rked
	NG.	After	E
	END	DR: A	99
	A	ECT.	n 21
	R	Pour	Hen
	TAL	PAL 2	=
	400	UNE	ANT
	포	HE F	ORT
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
			_

REGISTRAR		CE	:RIIIF	ICALE	OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY YEAR				3. TIME OF OEATN			
Eleanor	Y	HOOK								93	0945 A	
4. SOCIAL SECURITY NUMBER 219 07 0346	5. SEX 6. /	NGE (In yrs. last	birthday) YRS.	IF UNDER 1	YEAR DAY8	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH BY. /5a/)		Countr		
9a. FACILITY NAME (If not institution, give t		12		Sh CITY 1	MAN OI	R LOCATION OF OR		7/20	00 00110		aryland	
PENINSULA REGION	,	CENTE			BURY				UNITY OF DEATH			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT												
			10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?	
	Worcester			S		Hill			1 [XYES 2 [
100. STREET AND NUMBER 406 West Dr	rivo				101. ZIP CODE 21863			10g. CITIZEN OF V				
11. MARITAL STATUS	12. WAS DECEDENT EV	ED MILLO ADA										
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO			11. Was becenden of hispanic on if yes, specify Cuban, Maxican, Puer 1 YES 2 NO Specify:			Puerto Rican, atc.)		Black	RACE — American Indian, Black, White, etc. Specify: White	
15. OECEDENT'S EOU (Specify only highest grade	CATION	16a. OEC	EDENT'S	USUAL OCC	UPATIO	N 1 of westiles	16b. KII	ND OF BUSI	NESS/INO	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done du se retired.)	nng mos	t or working						
	4		House	wif	e Own Home							
17. FATHER'S NAME (First, Middle, Last)						16. MOTNER'S NA	ME (First, Midd	fle, Maiden S	urname)			
Charles A. Cla	rke					Min	nie To	wnser	nd			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRESS	Street an	d Number or Rural I	Route Number,	City or Town.	State, Zio	Code)		
George Randall H	ook					4. Snow				,	863	
20s. METHOD OF DISPOSITION		20b. PLACE A	NDOATE	OF DISPOSIT	ION /Nan	ne of	DATE	20c. LOC	ATION _ (City or To	wn State	
1 X Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	carnetery, crem	coat.	Meth	. C	emeterv	4	Snor	w Hil	17. 1	Maryland	
21. SIGNATURE OF FUNERIAL SERVICE LIC	CENSER/	1111000		22. N	AME ANI	D ADDRESS OF FA	CILITY	DITO	4 1143	, .	Text y Learer	
Many 18	4/	,				s Funera			¥477	ма	. 21863	
23. PART I. Enter the diseases, or		used the dea	ah Da	المبالم	U F.	Lankiin	DU. P.) MOII (1444	Ma	Approximata	
shock, or heart failure? IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	a. Meto			Lung	,	Concer					Interval Betwee	
Sequentially list conditions,	b	AS A CONSEC										
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	C ₂											
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE O	F):								
	0.											
PART II. Other significant condition	a contributing to dee	of the but not re	eauiting	in the und	erlying	cause given in		PERFORM	NED?	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI DF OEATH?	
			_	_			- 1				1 - YES 2 - NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3	□ DOA	OTHER:		5 G Residence		and the				
27. MANNER OF DEATH	28a. DATE OF INJU	JRY	26b. TIM	E OF 2	Bc. INJU	IRY AT			JURY OCC	URED		
1 Natural 5 Pending	(Month, Day, Ye	ear)	INJU		WOF		28d, OEŞCRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN.	JURY — At hon	URY — At home, farm, street, factory, office					28f. LOCATION (Street and Number or Rural Route Number				
4 Nomicide 6 Could not be determined	building, etc.	(Specify)	.,		,, -,,,,			own, State)	- Humber	or courses for	rear Human,	
	ICIAN: To the best of my I) and manner as stated	
29b. SIGNATURE AND TITLE OF CERTIFIE			-						11 -11 -1			
0,0	и.р.			29c. LICENSE NUMBER 030690				29d. DATE SIGNED (Month, Dey, Year)				
30. NAME AND AODRESS OF PERSON WIN			27\ /=-	Deinet								
The Paris Address of Penson Wit	C C CAUSE O	DEATH (ITEM	(iype	erint)			~	S 1.	,			
Maries E. Ma	- tin N	.0. /	75	E.	Can	100//	>7.	20/1	560	7	mD.	
31. DATE FILED (Month, Day, Year)	32 AEGISTRAR'S	SIGNATURE	سلعيار									

	Spit	pa	
	2	itacl	nce.
	4	9	0
	P.	Pi	9
	laine	Shoc	Ē
	9 78	3	5
Ì	ay b	pag	9
	8	10,	50
	age	direc	5
	4	20	E
	death	fa	жэн
	fter	the Ova	10
	Sa	Per Per	pe
	100	B 0	E
	n 24	ly fill	Ě
	withi	plete	ent,
	led \	al. c	\$
	Cecu	bud	atic
	8 9	ian i	raumatic event, the medical examines
	ate	nyslc	=
	rtific	o pl	=
	P Ce	F. Gir	00
	deat	afte	8
	the	d M	를
	that	d by	=
	Sau	eaft	20
	inba.	en s	9
	J ME	s be	3
	he	e ha	E
	S	Sta	=
	SIC	the	0,
	¥.	this	yes
	NG	fter	mai
	S	R. A	.00
	ATT	E #	28
	OR	DIRE	Te.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Sp	The	H
	エ	E F	E
	王	干哥	2
	H	F 3	=

FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPART ERTIFI	MENT CATE	OF I	IEALTH DEAT	AND I		GIEN G. NO.	E	2	31878	
1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											3. TIME OF OEATN			
3 171 4 - 1 - 41 0 - 11 - 1 17									10		92	1:50 p		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AG			6. AGE (in yrs. lesi	" H	IF UNDER 1 YEAR		AR IF UNDER 24 HRS.		7. DATE OF BIRTH		6. BIRT		INPLACE (State or Foreign	
219-05-2806 1 M 2 XF			8:	L YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 4-14-19				Marvland	
9a. FACILITY NAME (If not institution, give street and number)												9c. COUNTY OF DEATN		
Reeders Memorial Home						Boonsboro,						Washington		
10a. STATE	10b, COUNTY		Y, TOWN OR LOCATION							10d. INSIDE CITY				
Maryland	land Frederick Sa					abillasville						LIMITS?		
10e. STREET AND NUMBER 10f. ZIP CODE								10g. CITIZEN OF WHAT COUNTRY?						
4930 Foxville Rd.						21780 U					U.S.	U.S.A.		
11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA			YES 2. N	MED O	1	If yes, sp	ENOENT O	F HISPAN n, Mexical Specify	IC ORIGIN? (Spe n, Puerto Rican, a	cify Yes rtc.)	or No-	14. RACI Black Speci	American Indian, k, White, etc.	
15. DECEDENT'S EOUCATION 16a, D				CEDENT'S U	IT'S USUAL OCCUPATION					16b. KIND OF BUSINESS/INDUSTRY				

BY FUNERAL DIRECTOR COMPLETED (Specify only highest grade comp (Give kind of work done during most of working life. Do NOT use relied.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Teacher Elementary School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Curtis Callahan Clara BE Griffin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vivian E. Gladhill (Daughter) 10207 Green Clover Ct. Ellicott City, Md. 21042 20e. METNOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cemetery Mt. Moriah 4 Donation 6 Other (Specify) 10/13 Foxville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E. Dailey & Son Funeral Homes, P.A. 615 E. Main St., Thurmont, Md. 21788 23. Part I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** Mass. - possible concer disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, **OUE TO (OR AS A CONSEQUENCE OF).** if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? domentia 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28: PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined BE COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) 26579 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kugler, M.D. 100 Gee ane 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCI1 6 grane am more-pandell

2	Page	
BALTIN	death.	
00	after	
	NOUR	
	3	-
Ď,	within	
1314	executed	
×	20	
). BO	ertificate	
<u>ď</u>	death o	
က်	he	
2	hat	
ECO	requires t	
-	34 4	
A	The The	
FVI	SICIAN	
0	PHY	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 1000 after death. Pag	
۵	0	
	PITA	

,	1. DECEDENT'S NAME (First, Middle, Last)	ULTUTIO! !		OATE OF	DEATH	REG. NO.		3. TIME OF DEATH				
	Mathilda	MATHILDA A.	HOWARY	DWGra	/	10 10		AR 8.10 N				
		SEX 6. AGE (In yr	s. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Morith, Day, Year) 3/17/1911	8. E	BIRTHPLACE (State or Foreign Country) PA				
	98. FACILITY NAME (If not Institution, give stree Frederick Health	t and number)		96. CITY, TOWN Frede	OR LOCATION OF DE		9c. COUNTY					
5	RESIDENCE OF DECEDENT	iare cir.		rieue	wek		1/164					
DIRECTOR	10a. STATE 10b. COUNTY MD. Frede	rich		y, town or Loca Frederi				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
- 10-	10e. STREET AND NUMBER	uck		-	of, ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?				
LONGING	1467 West Key Par	kway			21702		USA					
- 11	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	NO NO	If yes, s	CENDENT OF HISPAI specify Cuben, Mexica S 2 NO Specif			RACE American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCAT		a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUST					
COMPLETE	(Specify only highest grade co	College (f. Alex 5 -)	life. Do NOT us	work done during no retired.) red nwr		nurs	ing					
- 11	17. FATHER'S NAME (First, Middle, Last) Dominic Petraitis	1-4				ME (First, Middle, Melden ra Guduka)						
	190. INFORMANT'S NAME (Type/Print) Patricia Cowperth	ura i to			t and Number or Rural	Route Number, City or Tow	n, State, Zip Coo					
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. DISPOSITION (Name of cametery, cremetory or other place)											
ı	4 Donation 5 Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX 1819 Frederick, Md. 21702 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate											
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart feliure. List only one cause on each line.												
AMMEDIATE CALLOS (Taral												
disease or condition resulting in death) a. Arcest Due To (or as a consequence of):												
2	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	F):								
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	· ·										
CERTIFICATION	that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE C	PF):	_							
	PART II. Other significent conditions	contributing to death but ut 5 from	not resulting	In the underly	Ing ceuse given in	Part I. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINOIN AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICA	Recurre	n/ 5010	1485			1 TYES	2 NO	OF DEATH?				
SICIAN:		HOSPITAL:	ent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C ome 5 ☐ Residence							
PHY	27. MANNER OF DEATH Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. Til	JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm,	street, factory, of	ffice	261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
COMPLET	290. CERTIFIER 1 1 CERTIFYING PHYSICI	AN: To the best of my knowled	lge, death occur	rred at the time, d	ate and place, and du	a to the cause(a) and m	anner as stated					
₹	(Check Only	On the basis of axamination a										
0												

w gth St

300

132. REGISTRAR'S SIGNATURE whia Daydoon-Handell

1992

Frederick MD

. 1819

rokes

D3 FKS TO BE COMPLETED BY FUNERAL DIRECTOR

_	8	2	-
-	E	10,	139
5	9 9	Jac.	E
	Pag	6	9
-	6	era	Ē
1	deat	E.	ХЗ
DALLIMORE	Jer (寺屋	=
	aff	30	2
	SE S	.5	9
	7	lled	
	12	ly f	5
2	ig.	ere	H,
5	*	E 5	2
0	rie	03	3
0	xec	and	lat
<	9	an Lo	5
2	le b	Sici	=
3	fcal	E a	
5	ertii	ng	1
•	9	F	6
	leat	atte	3
3	Je C	문을	크
	##	200	=
5	Ē	2 6	E
)	res	eal	22
į	adul	E I	è
=	×	2	8
1	100	Dec	8
	Ē	ate	E
	ž	Str	=
	C)	the	0
THE COURT, TO BOY 68/00,	H	Nit With	Pe
,	5	される	ark
,	N.	Affe	E
	S	E 30	20
-	E	E te	28
	B	IRE NUS	E
1	0 7	0 %	三
	TA	A K	=
	Sc	THE THE	됩
	Ŧ	N X	E
	王	THE SE	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filled within 72 hours after death with the State Dect, of Health and Mental Hydiene prior to burial, crenation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
	-		_

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year 1992

									92	31880			
FOR 1 STATE		STATE OF M	ARYLAND	DEPART!	MENT OF	HEALTH AND	MENTAL HYGIEN			0.000			
REGISTRAR			<u>C</u>	ERTIFIC	ATE OF	DEATH	REG. NO						
1. DECEDENT'S NAME (First,	, , , , , ,	D 7		_			2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH			
Frede:		Pau]		Hamme			October 1	1, 1	992	2:30 p			
706-16-408		15 M 2 F	B. AGE (In yrs. Ia 80		NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count				
9a. FACILITY NAME (If not in			00		0/27/ 20/4		Aug. 1,19						
7111 Rock				ľ		or Location of t	DEATH		rede				
RESIDENCE OF DEC						F	rede	LICK					
10a. STATE 10b. COUNTY Mary land Frederick					OWN OR LOC					10d. INSIDE CITY LIMITS?			
Maryland Frederick 10s. STREET AND NUMBER				l l	rederi					1 YES ZX NO			
	C1-	D:			1	of. ZIP CODE		C. 10.		VHAT COUNTRY?			
7111 Rock	creek					2170			U.S.	Α			
1 Never Married 2 X	Married	12. WAS DECEDENT FORCES? 1	YES 2		I1 yes, s	pecify Cuban, Maxic	NIC ORIGIN? (Specify Yes	or No-	14. RACI Black	— American Indian, k, Whita, etc.			
3 Widowed 4 Divo	roed	World	War II		1 TYE	S 2 NO Spec	fy:		Spec	"y: White			
15. DECI (Specify only	EDENT'S EDUC	ATION	18e, DI	CEDENT'S US	UAL OCCUPAT	ION	16b. KINO OF BU	SINESS/IN	DUSTRY				
Elementary/Secondary (0-		College (1-4 or 5 +)		live kind of work Do NOT use n									
		5+	Te	chnica	1 Illu	strator	Federal	Gov	ernme	ent			
17. FATHER'S NAME (First, MI	ddle, Last)	TTAN	DATE T				AME (First, Middle, Maiden						
19a. INFORMANT'S NAME (7)		HAM	MELL			Agnes			ARKE	R			
Mrs. Louis		ammo 11	19	6. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zi	p Code)	1 01700			
20s. METHOD OF DISPOSITION		annell					e, Frederi						
1 Donetion 5 Other	n 3 🗆 Remo	val from State	cemetery, cre	AND DATE OF Commelory or other	place)				City or To				
21. SIGNATURE OF FUNERAL		ENSEE	Mount	OTTA		ND ADDRESS OF F	LO/15/92 Fr	eder	ıck,	Maryland			
Short 6		00	/	00706	1		ord P.A. F	uner	al Ho	ome			
23. PART I. Enter the di	easea, or o	omplications that	aused the de	00706	106 E	ast Chur	ch St., Fr	eder.	ick,				
anock, or ne	mart tenure. L	lat only one ceuse	on each line).	anter the m	ode or dying, au	on as cardiac or respi	ratory er	rest,	Approximata interval Between			
IMMEDIATE CAUSE (Find disease or condition		(. 0	01	. 4	i		per.	Onest and Death			
resulting in death)	•	OUE TO (O	R AS A CONSE	OUENCE DE	019	1 will	11Um	WF	U				
Sequentieily list condition of the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily list condition in the sequentieily lis		DUE TO (O	R AS A CONSE	DUENCE OF):									
cause. Enter UNDERLY!! CAUSE (Disease or Injur	NG												
thet initiated eventa		DUE TO (O	R AS A CONSE	DUENCE OF):									
resulting in death) LAST	d												
PART II. Other aignificer	nt conditions	contributing to de	eath but not r	eauiting in t	he underivin	G Cause given in	Part I. 24s, WAS AN	ALITORALV	0.00				
						g oudse given in	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							1 TYES 2	NO		OF DEATH?			
										1 TYES 2 NO			
25. WAS CASE REFERRED TO	MEDICAL				26 P	LACE OF DEATH (C)	not only one)						
EXAMINER?		HOSPITAL:	R/Outpetient 3		THER:								
27. MANNER OF DEATH		28s. DATE OF IN	JURY	28b. TIME OF	28c. IN.	IURY AT	5. Residence 8 Other (Specify) RY AT 28d. DESCRIBE HOW INJURY OCCURED						
1 Natural 5 P	ending restigation	(Month, Day,	rear)	INJURY	INJURY WORK? M t YES 2 NO								
3 Suicida 8 C	ould not be	28a. PLACE OF I	NJURY - Al ho	me, farm, stree	t, factory, offic		281. LOCATION (Street and Number or Rural Route Number,						
	etermined	January, att	- (aproving)				City or Town, State)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.

A REGISTRAR'S SIGNATURE JUNE JOURNAL JOURNAL JOURNAL JOURNAL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

Austin Pearre, Jr., M.D., 300 W. Ninth Street, Frederick, MD 21701

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

D09689

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

9

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	۱ -	FOR STA REG	TE	RAR	
ď	1. D	ECEDI	ENT'S	NAME	(Firs
,) -	Doı	cot	hv	J

	1 - STATE REGISTRAR	SIAIE UF I			TE OF			WENIAL H	TGIEN EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DEATH			3. TIME OF DEATH	
į,	Dorothy Jane Har	nnan						Oct. 2	27.	1992	YEAR	11:34 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birtho	IF UNDER 2	4 HRS.	7. DATE OF B	HTH	- / / _	8. BIRTH	PLACE (State or Foreign			
	042-32-2535	1 🗆 M 2 💢 F	55 YR	S. MON	THS DAYS	HOURS	MIN.	(Month, Day Aug. 2		937	Country	ecticut	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b.	CITY, TOWN	OR LOCATION	N OF DE				NTY OF DE		
DIRECTOR	17805 Teri Drive Derwood Montgomer												
E												10d. INSIDE CITY	
Maryland Montgomery Derwood											LIMITS? 1 YES 2 X NO		
	10a. STREET AND NUMBER	mery		1 1100		. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	17805 Teri Drive				20855				II.	S.A.			
5	11. MARITAL STATUS		IT EVER IN U.S. ARMED					IIC ORIGIN? (S		_	14. RACE	— American Indian,	
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	YES 2 NO			ecity Cuban, 2 X NO		n, Puerto Rican /:	ı, etc.)		Specif	white, etc. by: White		
	15. DECEDENT'S EDU		16a. DECEDER	T'S USU	AL OCCUPATION	ON		16b. KIN	D OF BU	SINESS/IN	DUSTRY	WILLEC	
E	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5	Illin Dio Mi	of work of use reti	done during mo red.)	est of working		1951120	V. 20000		TORUS.		
PL	12	Conege (1-4 or 5	Secret	arv				Com	nuta	r Co			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Decree	ary		18. MOTHE	ER'S NA	ME (First, Middle			•		
	John A. Callahan							Callal					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	ING ADD	RESS (Street :			Route Number, C	_	n, State, Zi	p Code)		
5	James D. Hannan		sam	e as	#10								
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem	and the State	20b. PLACE AND					DATE	20c. LO	CATION -	City or To	wn, State	
	4 Donetion 5 Other (Specify)	Over from State	of cemetary, cremit Gate of	Heav	en Cei	netery	У	10/31	Sil	ver S	Sprin	g, MD	
	21. SIGNATURE OF FUNERAL SERVICE CO	DENGEE			22. NAME A								
	1.8 (TI	мооо					l Home	0-4	41	. 1	VD 20077	
	23. PART I. Enter the diseases, or	complications the	M008									, MD 20877	
	shock or heart fallure. List only one ceuse on eech line.												
	resulting in death)	a. Due Tr	OR AS A CONSEQUENCE	E OED:	100		MI	7,				10 Mg	
_			(5117277 5010200211	2 0. j.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEQUENCE	E OF):								1	
AT	ceuse. Enter UNDERLYING	•											
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	E OF):									
F	resulting in death) LAST	d											
	PART II. Other significant condition	ne contributing to	death but not recult	na la th	a undarbile	a causa al	hen In	Part I 24	. WAC AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	
¥.	PART II. Other significant condition		Obacii but not result	ing iii u	e dilderlyn	g cause gi	ven m	244	PERFO		240	AMILABLE PRIOR TO COMPLETION OF CAUSE	
ŏ								1[YES 2	NO X		OF DEATH?	
Σ			· · · · · · · · · · · · · · · · · · ·					-				1 WES 2 NO	
Z													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		го	HER:			eck only one)					
ΥS	1 NES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3 De				idence	6 Other (Sp			2011050		
4	1XX Natural 5 Pending	26e. DATE Of (Month, i	Day, Year)	TIME OF	W	JURY AT	No	28d. DESCRI	BE HOW	INJUHT O	CORED		
B	2 Accident Investigation	200 DI ACE	OF INJURY — At home, for			YES 2	NO	nes LOCATIO	MI (D)	and Mumb	an an Chumi C	Soute Musebas	
60	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	rm, stree	t, metery, one			26f. LOCATIO	wn, State	and Numbe	er or nursi r	oute Number,	
City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the lime, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE or CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
										a) and menner as stated.			
										(Month, Day, Year)			
TO B	30. NAME AND ADDRESS OF PERSON WI	40 COMPLETED CAI	JSE OF DEATH (ITEM 27)	Type, Prin	0	LV	53	00 8t	>		Oct.	28, 1992	
	Kenneth D. Miller	. M.D. 9	715 Medica	1 Ce		Dr. Ro	ockv	/ille,	Mar	yland	1 208	50	
- 5	31. DATE FILED (Month, Day, Year)	22. REGISTR	AR'S SIGNATURE										
	OCT 29 '92	yuna wa	August Made	•									

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is merked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE.
Guna Part doon-Handell

	1 - STATE REGISTRAR	STATE OF MARYL		DEPAR ERTIFI						GIENE G. NO.		92	3188	2
	1. DECEDENT'S NAME (First, Middle, Last)	rno11 11		2:					2. DATE OF DE	ATH DAY	4	YEAR	3. TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	IF UNDER	R 1 YEAR	24 HRS.	7. DATE OF BII	TH C	5/	9 SIPTI	IPLACE (State or Foreig	M			
	218-07-0845	12 M 2 🗆 F					HOURS	MIN.	(Month, Day, Year) Cour				rvland	,nı
_	9a. FACILITY NAME (If not institution, give :	street and number)		10	9b. CITY	r, TOWN O	R LOCATI	ON OF DEAT						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	morral 40	SPIX	ul		re d		ace				Harford		
JIRE		rford				or Locat leen	ION						10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	LIOIG		A	perc		ZIP COO	E		T	IZEN OF Y	1X YES 2 NO	,	
FUNERAL	103 Law Street						2100	1			J.S.A			
BY	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 XN	MED IO		If yes, spe	ecify Cuba	of HISPANIC n, Maxican, Specify:	ORIGIN? (Spe Puerto Rican,	etc.)	or No—	Speci	— American Indian, k, White, etc.	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	104	CEDENT'S U	made almos	d		м.	16b. KIND	OF BUSI	INESS/INI		100	_
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT use	retired.)	Law	m Ca	re						
MC	17. FATHER'S NAME (First, Middle, Lest)	0	serv	rice	Stat	tion			Sej E (First, Middle,	vic				-
BE C	George Homer						16. MO11		nie Sir		,			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRES	S (Street a	nd Number					Code)		
۴	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Elsie Homer 103 Law Street Aberdeen, Maryland 21001													
	20s. METHOD OF DISPOSITION 1													
	21. SECHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring—CArgo Funeral Home, P.A.													
	* Bary R.	DiSione	un	u`	P	bero	leen,	Mary	land	210	01–3	399	•	
	23. Part Lenter he diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition resulting in death)													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									10 hou	ex Pen			
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 UYES 2 UNO											WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:					ACE OF DI	EATH (Check	only one)					
YSI	1 VES 2 NO	1 (inpatient 2 - ER/Outp	patient 3	□ DOA	_		5 🗆 Re	aldence 8	Other (Spec	ify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		28b. TIME INJU		28c. INJU WOI 1 Y	RK?	NO 2	8d. DESCRIBE	HOW IN.	JURY OC	CUREO		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At hon	ne, farm, st	reel, lact	ory, offica	ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					oute Number,		
3 Suicide 4 Homicide 8 Could not be determined 8 Could not be determined 8 Could not be determined 28f. LOCATION (Street and Number or Rural Roc City or Town, Street) 29g. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									and menner as state	d.				

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day,

TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MAR		DEPAR ERTIF					MENTAL	HYGIEN REG. NO.	E	<i>J</i>	01000
1. DECEDENT'S NAME (First, Middle, Leat) NICHOLAS HARDING	3	-						2. DATE O	F DEATH	ľ	9EAR	3. TIME OF DEATH 11:05PM M
4. SOCIAL SECURITY NUMBER 217248645		AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE Of	F BURTH	929	a. BIRTH	PLACE (State or Foreign
9e. FACILITY NAME (If not institution, give a Perry Point V. A						Poir		EATH		9c. COUN	ecil	EATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	R LOCAT							10d. INSIDE CITY LIMITS?				
Maryland Har		rdeen 101. ZIP CODE 109. CITIZEN OF					EN OF V	1 ☐ YES 2 ☒ NO /HAT COUNTRY?				
240 Mayberry Drive Apt. 304 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RAC										- American Indian.		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1XX IF YES, GIVE WAR O Korea	YES 2 N			f yes, spe	2 X NO	ın, Mexice	in, Puerto Ric	cen, etc.)		Speci	y: Y:
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY												
12 17. FATHER'S NAME (First, Middle, Last)	0	Dr	iver			10 MOT	HED'S NA	TAX	i Cak			
William Harding								liley	Jule, Malgeri	Sumame)		
19a. INFORMANT'S NAME (Type/Print) Mary Harding		190						Route Number			,	
20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE /	AND DATE	OF DISPOS	ITION /Na	me of		DATE	20c. LO	CATION C	Hy or To	
21. SIGNATURE OF FUNERAL SERVICE LIC		R. F	. re	22.	NAME AN	D ADDRE	INC.	. 1172 CILITY	WES	IL Che	este	PA DON, MYd
* Konneth B				11	ARR.	1N9-	(A	Rgo F	H.		7	21001
23. PART I. Enter the disesses, or on shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one cause of DUE TO (DR	on each line							ic or respi	ratory arm	est,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	AS A CONSEC										
PART II. Other significant condition	s contributing to dea	th but not r	esulting i	In the un	derlying	cause ç	given in		4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3	□ DOA	OTHER 4 Num		5 🗆 Re	sidence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		28b. TIMI INJ	E OF URY M	28c. INJU WOI 1 Y		NO	28d. DESC	RIBE HOW I	JURY OCC	URED	
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF IN. building, stc.	IURY — At hor (Specify)	me, ferm, s	street, fact	ory, office	1		281. LOCAT City or	ION (Street a Town, State)	nd Number (or Rural R	oute Number,
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												and manner as stated.
296-BIGNATURE AND TITLE OF CERTIFIER	LANNO	W	Do			29c. LICE	NSE NUI	69				(Month, Day, Year) -92
1308 BUSINESS (center WAG	¿ Sui	TE #		E	dge	woc	xd Mi	210	040		
NOV 02 92	132 REGISTRAR'S S	n-hand	ee_									

ī.

DHMH-16 Rev 1/89

	A
30,	
. BOX 68760,	bed and
×	4
8	4400
o	on wife
ري ص	done
Ö	op.
OR	op de
ZEC(and in a
_	1
IA	É
5	A 5.1.
DIVISION OF VITAL RECORDS, P.O. I	COURTS! OF STREETING DELVE OF The law consists the death ordificate be accorded within
<u>N</u>	ALPINIO.
13	1
\leq	00
_	POSTAL

FOR STATE REGISTRAR

1 -

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 10 JAMES HENRY HARBAUGH 25 1992 6:15 P w 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 07-05-1903 1 M 2 - F DAYS HOURS MD 214 30 9692 ge 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Cumberland, TES 2 NO 10- STREET AND MIMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21502 Route 3 Box 84X retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. **MARYLAND 21215-0020** If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: NY Never Married 2 Married IF YES, GIVE WAR OR DATES Spec#White BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ret. dairy farmer farming unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MyrHe L. Michaels notified at Henry L. Harbaugh BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 59 E. Offutt Street Cumberland, MD 21502 Josephine Ricewick 9 20e. METHOD OF DISPOSITION

| Duriel 2 Cremation 3 Removal from State
| Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE examiner must Potomac Valley Mem. Garders 29 Keyser, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 filled in by the fillion, or removal. medicai 23. PARTAL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death disease or condition the eps15 completely resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION signed by the attending physician and eleath and Mental Hygiene prior to buri Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 100 1 YES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h h with the State [HOSPITAL:

O'Linpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 10 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death was B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 89 3 Suicide 6 Could not be COMPLETED 28 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I 2 MEDICAL EXAMINER: Dn the besis of exi TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 8 023 26 0 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D., BMG, 912 SETON DRIVE, CUMBERLAND, MD 21502 DR. PAUL LIVENGOOD, 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 2 9 1992 Lelia Navidson-Rande

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

131 1 51

*

= ==

€²

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE O	F DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF DEATH			
	uurlou Allen	T.					MONTH	DAY	YEAR				
	Hurley Allen	5. SEX 6, /	AGE (In yrs. las	Vay	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	19	199	21 11:30 AM			
	216-14-2765	1 M 2 D F	69		MONTHS DAY		(Month, Di		Cou	ryland			
	Se. FACILITY NAME (If not institution, give st	reet and number)	, ,		9b. CITY, TOW	N OR LOCATION OF D	EATH	90	. COUNTY OF				
DIRECTOR	Hotel Esther-Room 23 805 F. Church Street Salisbury Wicomi												
5													
				-						10d. INSIDE CITY LIMITS?			
	Maryland Wice	omico		Sa	lisbur			1		1 X YES 2 NO			
FUNERAL	805 E. Church St	. Room 23				2 1 8 0 1		10	USA	F WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT EV				ECENDENT OF HISPA			No- 14. RA	ACE — American Indian, ack, White, etc.			
λ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		•0		specify Cuban, Mexic ES 2 NO Speci		n, etc.)	Sp	oody:			
8	15. DECEDENT'S EDUC		16a. DE	CEDENT'S U	SUAL OCCUPA	TION	18b. KII	ND OF BUSINE					
E	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Gi	ive kind of wo Do NOT use	ork done during retired.)	most of working							
릴	12		Dry	y Clea	aner		D	ry Cle	aning				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 1				18. MOTHER'S NA	AME (First, Midd		-	,			
BE C	Percy Allen	Holloway				Mary	Elle	n H	enders	on			
8	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING /	ADDRESS (Stre	et and Number or Rural	Route Number,	City or Town, St	tate, Zip Code)	· · · · · · · · · · · · · · · · · · ·			
2	W. Richard Hollow	lisbur	y, MD	21801									
	20s. METHOD OF DISPOSITION				DISPOSITION	(Name of	DATE	20c. LOCATI	ION — City or	Town, State			
	1 XX Burial 2 ☐ Cremation 3 ☐ Remo	wal from State	Forest	matory or oth	er place) ve Cem	etery	10/23 Parsonsburg, MD						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEX / /			22. NAME	AND ADDRESS OF F	ACILITY		_				
	22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801												
-	22 BARY I Enter the diseases Dr. o	13010	cece	- Par -	501	Snow Hil	1 Rd.,	Salis	bury,	MD 21801			
	23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE FURIERS on Pullury.												
RTIF	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	S A CONSEQUENCE OF):									
2	PART II. Other significent conditions	a apatelbuttee to de-	-4h h.u		Ab	re-constitues n	Inches Inc						
PHYSICIAN: MEDICAL CERTIFICATION	- State against Condition	s continuing in oot	our but not r	esulting ii	the dident	my cause given in		E. WAS AN AUT PERFORMEI YES 2 [0?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž										_			
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only one)						
KSI	1 № YES 2 □ NO	1 Inpetient 2 ER	/Outpatient 3	□ DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 Other (S	pecify) MO	tel				
H	27. MANNER OF DEATH	26a. DATE OF INJ (Month, Day, Y		28b. TIME		INJURY AT WORK?	28d. DESCR	BE HOW INJU	RY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation				M 1[YES 2 NO							
	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — Al home, larm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — Al home, larm, street, factory, office City or Town, State)												
PLE	3 Suicrose 6 Could not be determined Duilding, stc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
0										e(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	47				29c. LICENSE NU	IMBER	29	d. DATE SIGN	IED (Month, Day, Year)			
BE	Warnitetho	46,10	140			0.0.	M.E.		10	20 1992			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	F DEATH (ITE	М 27) (Туре,	Print)		Pl. Pi		10	2U 1772			
	Margarita A. M	Korell. M	1D 1	111 1	Penn (Street.	Ralti	more	Marra	vland 2120			
1	31. DATE FILED (Month, Day, Year)	132 REGISTRAR'S	SIGNATURE	. 00	نـــلللـــة			MOTE.	nar	<u> </u>			
	HE 6 3 1992	guna Davido	an-Navia										

ed by the hospital or attending physician. BALTIMORE WARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be no THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction on the following the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner minimation. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

if be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ed at once.

	REGISTRAR	CERTIFICATE	OF DEATH	REG. NO).						
	1 DECEDENT'S NAME (First, Middle, Last) TONES HOWKING			2. DATE OF DEATH	9 95	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. 217-07-0301 1 □ xm 2 □ F 86	YRS. F UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	905	WINKNOWN					
TOR	9e. FACILITY NAME (If not institution, give street and number) RIVERVIEW NURSING HOME RESIDENCE OF DECEMENT		TOWN OR LOCATION OF D	EATH	9c. COUNTY WICC	OF DEATH OMICO					
DIRECTOR	MD. BALTO.	10c. CITY, TOWN C	DWN		10d. INSIDE CITY LIMITS 7 1 YES 2 NO						
FUNERAL	RIVER NURSING HOME		101. ZIP CODE 21801		10g. CITIZEN	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	UNO I	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puarto Ricen, atc.)	RACE — American Indian, Black, White, etc. Specify: BLACK						
PLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+)	DECEDENT'S USUAL OF (Give kind of work done iffe. Do NOT use retired.)		SCONER COS	JSINESS/INDUST	ЯY					
notified once. TO BE COMPL	UNKNOWN 17. FATHER'S NAME (First, Middle, Lest) UNKNOWN	LARORER	16. MOTHER'S N	FIFLD AME (First, Middle, Meide) UNKNO	n Surneme) .						
TO BE	19a. INFORMANT'S NAME (Type/Print) RIVERVIEW N/H		S (Street and Number or Rural JARE, SALISE	Route Number, City or To	wn, State, Zip Coo	(e)					
	20a, METHOD OF DISPOSITION 20b, PLA	ACE OF DISPOSITION (No	ome of cometery, cremetory or JRY CREMATOR	20c 11	OCATION City	or Town, State RD. SALIS. MD					
event, the medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF SIGNAT CHAPEL, RTE. 2, BOX 9 SALISBURY, MD. 21801										
	23. PART I. Enter the diseases, or complications that/caused the abook, or heart feiture. List only one cause on each immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	line.	so Varcula			Approximate interval Batweer Onset and Deati					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	ISEOUENCE OF):									
MEDICAL CER	PART II. Other aignificant conditions contributing to death but in		nderlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2. NO 1 Inpetient 2 ER/Outpetien	ОТНЕ									
. ≥	1 Inpetient 2 ER/Outpetien 27. MANNER OF DEATH 1 Netural 5 Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED					
8 Is mari	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, etreet, fac	1 YES 2 NO	261. LOCATION (Stree- City or Town, State	t end Number or F	Rural Route Number,					
MPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination and					nuse(e) and manner as atated.					
O BE CO	296. SIGNATURE AND TITLE OF CERTIFIER Shows C Helly MD. Medi	col Dued	29c. LICENSE NO. 5 0 8	IMBER OS	29d. DATE SI	GNED (Month, Day, Year) - ZO - 9 Z					
F	70. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OF THOM 18 C. H. 1 TR. 108	(ITEM 27) (Type, Print)	to DOS	Salishi	1RI.M	d 21801					
15	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNOUS	Jell									

2	So	5	4
4	hear	de	560
7	À	2	F
Y	per	pind	pa
BALLIMORE, MARYLAN	etair	S	otif
	be	90	9
7	nay.	Da.	9
5	9	ctor	Mus
Ξ	age	dire	10
Ę	h.	era	min.
4	deal	\$	еха
0	fter	the	10
	Sa	ren	pa
	100	99	Ē
	24	y fill	the
Š	/thir	ema	H,
5	× p	OHO.	2
ò	cute	d co	110
<	900	to b	Em.
5	e pe	rior	ne.
٩	cate	phys ie p	- er
5	ertit	Die Gie	등
Ĺ	th C	H H	0
ń	dea	e at	5
j	the	E S	E
5	that	ed b	any
5	Ires	Sign	8
4	nbau	of t	5
,	W.P	spt.	23 \$
(he	e ha	E
	N.	Stal	He
	CIA	the	0
DIVIDING OF ALL MECONDS, P.O. BOA 80760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defective be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	6 9	in the	nari
)	NO	Aft	S
5	TEN	10H	82
	RAI	REC.	E
1	0	2 6	== ==
	PITA	RAIL 22	5
	10Si	S	AN
	皇	出名	R
	T Q	P #	=
		- 0	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN			
		JOSEPHINE				2. DATE OF DEATN	AY	YEAR 1358 M	
	4. SOCIAL SECURITY NUMBER 213-22-9479	1 M 2 XF 65	yrs. lest birthday) 5 YRS.	MONTHS BAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 09/18/27	9	BIRTNPLACE (State or Foreign Country) Pennsylvania	
TOR	90. FACILITY NAME (If not institution, give Peninsula Regio RESIDENCE OF DECEDENT		enter	Salis	bury	EATH		Y OF OEATH DMICO	
- DIRECTOR		omico		v, town on locat lisbury	TION			10d. INSIDE CITY LIMITS? 1 \(\overline{\chi} \) YES 2 \(\overline{\chi} \) NO	
FUNERAL	100. STREET AND NUMBER 1022 Fairground				2 180 1		USA	N OF WHAT COUNTRY?	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATA	2 NO	If yes, spi	ENDENT OF HISPAI ecity Cuben, Mexica 23,000 Specifi	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No 14	RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)							STRY	
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden St								
BE (Clifford James Hopkins Elnora (unk)							i ,	
2	190. INFORMANT'S NAME (Type/Print) Connie Littleton					Route Number, City or Tow , Salisbu			
	20e, METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	camete Hel	ery, crematory or on Cen	netery		10/28 He	ATION — City or Town, State		
	·WRA	lly		Hollo	now Hill	ral Home Rd., Sali	sbury,	, MD 21801	
	IMMEDIATE CAUSE (Final	complications that caused the List only one cause on each s. ARTERIOSC DUE TO (OR AS A CO	n line.	7				Interval Between	
NO	Sequentially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE OF	Ti dan b	i o vage	ulus Di	عدرے د	9/15	
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS A CO							
CERT	resulting in death) LAST	d							
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	e contributing to deeth but	not resulting i	n the underlying	ceuee given in	PERFOR	PERFORMED? 1 YES 2 X NO		
AN:	25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 NO	
SICI	EXAMINER?	HOSPITAL:	ent 3 DOA	OTHER:	ACE OF DEATH (Che	8 Other (Specify)			
	27. MANNER OF OEATN 1 X Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 26c. INJU	IRY AT	28d. OESCRIBE HOW IN	JURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	Al home, ferm, a		ES 2 NO	281. LOCATION (Street s City or Town, State)	nd Number or i	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner ee stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER SUBMILLO C. HEIL		1 11		29c. LICENSE NUM	IBER	29d. DATE SI	IGNEO (Month, Dey, Year) -25 - 1992	
2	30. NAME AND ADDRESS OF PERSON WH THOMAS C. HILLTR	COMPLETED CAUSE/OF DEATH	H (ITEM 27) (Type,	Print)				1792	
5	31. DATE FILED (Month, Day, Year) 00 2 7 1992	HOMAS C. HILLJR M.D 108 PINE BLUFRY, Salisbury, Md., 21801 DCT 27 1992 Fulia Davidson-Randolfs							

T66 - 5P

7

y X

the great the se

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR				OF DEATH	D ME	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		=	10			DATE OF DEATH		YEAR	3. TIME OF DEATH
	WILLTAM	HARE	YORD				11 01		1992	2059 *
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)			RS. 7. I	DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
	578-20-8627	1 🔀 M 2 🗆 F	71 YRS.	MONTHS DA	YS HOURS MI	8	-02-1921		Wash	ington, DC
	9a. FACILITY NAME (If not institution, give str	et and number)		9b. CITY, TO	WN OR LOCATION O	F DEATH		9c. COU	JNTY OF DE	EATH
DIRECTOR	CALVERT MEMORIAL I	HOSPITAL		PRINC	E PREDER	RICK	CK, MD CALVERT			
E.	10a. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR L	OCATION		10d. INSIDE (LIMITS?			
	Maryland Calve	rt	Po	rt Rep	ublic					1 YES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	TIZEN OF W	THAT COUNTRY?
E	4191 Hance Road				20676			U.S	.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE			DECENDENT OF HIS			or No-	14. RACE	— American Indian, , White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TES 2 TO NO Specify: Specify:					ly:	
		-	T 2		White					te
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of	work done durin	SUAL OCCUPATION rk done during most of working retired.) 16b. KIND OF BUSINESS/INDUSTRY					
2	Elementary/Secondary (0-12) Grade 12	College (1-4 or 5+)	11,100,000		metred) g Manager Motion Picture Associati					ggogiation
8	17. FATHER'S NAME (First, Middle, Last)		Duriur	ng nan		NAME (First, Middle, Maiden		ure a	SSOCIACION
	Vaughan T. Harfor	d					e Schwab	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS /St	eet and Number or Ru			State 7	in Code)	
2	Betty Harford (Wi	fe)			Road, Por					20676
1	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE	OF DISPOSITIO	N (Name of	1	DATE 20c LO	CATION	City or Tox	en State
	1 Burial 2 Cremation 3 Removed Donation 5 Other (Specify)	val from Stata	other place)	matory 1	1/2/	'92 Alex	andr	ia.	Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAN	E AND ADDRESS OF	F FACILIT	Υ			
ı	> XL C. A.	+							es Isl. Rd.	
	22 PART I February and discourse are				Republi					
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	Ist only one cause on	aach lina.	not entar tha	mode of dying,	auch aa	cardiac or respi	ratory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final									
	resulting in death)	ACUTE OUE TO (OR AS	MYOCA	20195	INFA	KC7	70~			
_				. ,.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	ATHERO SC OUE TO (OR AS	A CONSEQUENCE	(/ ² / ² () ; <u>(</u>)F):	VM5 CVLA	n	100132			
A	cause. Enter UNDERLYING									ĺ
E I	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE	OF):						
F	resulting in death) LAST									
	PART II. Other algorificant conditions	Contributing to death	but not resulting	In the under	hilaa aanaa ahnaa	In Deed	1 1 24 1112 111			
DICAL	EHEVERTUID ART						I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	MANAGE MICH	WINDOW TO THE	9 Par OFIE	3	1110/10	1	1 TYES 2	□ NO		OF DEATH?
MEC										1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH					
₹	1 YES 2 NO	1 Inpatient 2 ER/O			Home 5 Residen		Other (Specify) DESCRIBE HOW IF			
<u>a</u>	1 Natural 5 Pending	(Month, Day, Year		JURY	WORK?	1111	. DESCRIBE NOW IF	SUNT OC	CUREO	
B	2 Accident Investigation 3 Suicide B Could not be	28s. PLACE OF INJU	RY — At home, farm,			_	LOCATION (Street a	nd Numba	e or Burni D	nide Mumber
	4 Homicide 8 Could not be	building, etc. (S)	pecify)	,		20	City or Town, State)	rio rioriiba	or ribrer ri	oute Number,
COMPLETED	29a. CERTIFIER	ANA To the head of our law							,	
₹ I	(Check only 000) 2 MEDICAL EXAMINER									
			1	on, in my opini						
B	296. SIGNATURE AND TITLE OF CENTIFIER	101			29c. LICENSE			29d. DAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMBI EXED CHILL	WATE OFFICE OF T	0/-0	102	63	18		11/	2/82_
	JOHN W. WETGEL. M				DERICK, M	(ID				
	31. DATE FILED (Month, Day, Year)				-activity I					
	31. DATE FILED (NOV) - 4 1992 Julie Davidson-Randall									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Windship Con - - -

		FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPARTM ERTIFIC			MENTA	L HYGIEN	9	2 31889
		1. DECEDENT'S NAME (First, Middle, La ANGELA		ANE			FFMAN	2. DATE	OF DEATH	'5 9 ^y '	3. TIME OF DEATH 2 6:20 P.M
	2	4. SOCIAL SECURITY NUMBER	5. SEX 6. AA	GE (In yrs. las	- "	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
pinod		220-92-1450 9a. FACILITY NAME (If not institution, gi	ve street and number)	_26	14.50	CITY, TOWN (OR LOCATION OF DI		9/66 MD 9c. COUNTY OF DEATH		
. 2. 3 should	ECTOR	1911 TRAVANIO			WE	ESTMI	NSTER			CARR	OLL
Pages 1	DIREC	10a. STATE 10b. COL	NTY		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
oermit.		MD Ca	rroll		l ₩€		nster	10g. CITIZEN OF			1 YES 2 NO
an. ransit j	FUNERAL	223 North Cra							U.S	•	
215-0020 attending physician. se as the burial-transit permit. Pages 1.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TY				ecify Cuban, Mexica	ENDENT OF HISPANIC ORIGIN? (Specify Yes or No—city Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White			RACE — American Indian, Black, White, etc. Specify: White
or atten	ETED	15. DECEDENT'S I (Specify only highest g					168	. KIND OF BUS	SINESS/INDUST	TRY	
ND 21 hospital or lached for u	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +		ecial		teacher		publ	ic sc	hools
4 5 6 E	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden		
MARYL, retained by the S should be d	BE	C. Wayne Hoffm 198. INFORMANT'S NAME (Type/Print)	an	191	b. MAILING ADD	ORESS (Street a	Jane and Number or Rural			n, State, Zip Co	de)
	5	Mrs. Jane Hof			223 N.	Cra	nberry				ster. MD 211
IMORE, I		20a. METHOD OF DISPOSITION 1 W Burlal 2 Cremation 3 F 4 Donation 5 Other (Specify)	emoval from State	cemetery, cre	matory or other o	olacel	(ace)				or Town, State
Page al direct in liner in		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Evergreen Mem. Gardens 11/3 Finksburg. M 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel									
		Robert K	Pritts	Sr.		412	Washing	ton	Rd.	West	minster. MD
760, d within 24 burs propletely sid in t. L. cremation, rem		23. PART 1. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (on A	n each line			ode of dying, suc	h as car	dlac or respi	ratory arrest	, Approximate Interval Between Onset and Death
P.O. BOX 687 ferting physican and or in hygiene prior to burial or other traumatic.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A DUE TO (DR A								
RECORDS requires that the een signed by the of Health and M shows any Inju	MEDICAL	PART II. Other algorificant condit	ions contributing to deat	h but not r	esuiting in th	ne underlyin	g cause given in	Part 1.	24a, WAS AN PERFOR 1 X YES 2	MED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
TAL The laste has ate De	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	LIED.	LACE OF DEATH (Ch				
OF VIT, PHYSICIAN: The this certificate with the State rked, or item	HYS	12 1 NO 27. MANNER OF DEATH	1 - Inputient 2 - ER/C	RY	26b, TIME OF	Nursing Hom	IURY AT		SCRIBE HOW II	_	'RAVANION RD
ION OF VDING PHYS I: After this of reath with Is marked,	ВУ Р	1 Natural 5 Pending 2 X Accident Investigation		1992	5:45P	₩ 1□			VER I		
S afte 82	8	3 Suicide 8 Could not 4 Homicide determined		Specify)	me, ferm, street N ROA		•	281. LOC City 191	or lown, state)		BIECT IMPACT Furnil House Number, IMPACT
	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PROPERTY ON THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFYING PROPERTY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CERTIFY OF THE CE	YSICIAN: To the best of my kr	nowledge, de	ath occurred at	the time, date	and place, and due	to the ca	use(a) and man	mer as stated,	suee(a) and manner as stated.
To the Hospital To the Funeral De filed Within 72 IMPORTANT: II	BEC	296. SIGNATURE AND TITLE OF CERTI		MA			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Month, Day, Year)
5 5 3 W	10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF		M 27) (Type, Prin	e)	O.C.M.	Ε.		10	-31-1992
185		DONALD G. W.	RIGHT MO	MD 111 Penn Street, Baltimore, Maryland 2120					and 21201		
		NOV 0 2 92	Juna Deurason-Mandale								

68818 26

1

.

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	lilled in by the funeral director, page 5 should be detached for use as the burial-transit pen, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First Middle, Last)	tac JUANITA J	ONES			2. DATE OF DEA	DAY 27	92	3. TIME OF OEATN 05/5 M
	190-09-1775	1 □ M 2 X F 86	YRS. MO	UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ve SEPT . 7	,1906	ALA	BAMA
CTOR	96. FACILITY NAME (If not institution, give street WASHINGTON ADVENTION RESIDENCE OF DECEMENT	and the same	91		MA PARK	ATH		NTGO	
DIRECTOR	MARYLAND MONTO	GOMERY	10c. CITY, T	SILVE	R SPRING				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 13 CASINO COURT			101.	2090	6	10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: Specify:					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N st of working	18b. KIND O	F BUSINESS/IN		CAN AMERICAN
MPL	12 SEAMSTRESS 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)								
BE CC	HENRY McDAN	IELS			MATTI		siden Sumame)		
TO B	19s. INFORMANT'S NAME (Type/Print)				nd Number or Rural F			,	
	DIANE ANDERSON 200. METHOD OF DISPOSITION	(DAUGHTER) 13 CASI		RT SILVE	-			
	1 Suriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	el from State ceme	tery, crematory or other TE OF HEA	placel		1	C. LOCATION -	17	NG, MARYLAND
	21. BIGNATURE OF FUNERAL SERVICE LICEN	Calo		FRANC	IS J. CO	LLINS FU	NERAL	НОМЕ	
	23. PART I. Enter the diseases, or chance, or heart fellure. List immediate CAUSE (Final disease or condition resulting in death)	UREM	the desth. Do not ch line.						Approximate Interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): DIABETIC NEPHROPATHY DUE TO (OR AS A CONSEQUENCE OF): DIABETIC NEPHROPATHY DUE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	Α		UCEPHAL	DPATH	7	PE	S AN AUTOPSY REFORMED? ES 2 NO	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:		26. PL	ACE OF OEATH (Che	ick only one)			
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	Inpatient 2 ER/Outpat 28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJI WO	JRY AT RK?	6 Other (Specify 28d. OESCRIBE H		CCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, stree	t, fectory, office		281, LOCATION (S City or Town,	treet and Numbe State)	er or Rural I	Route Number,
Street and Numb City or Town, Street and Numb City or Town, Street and Numb City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Street City or Town, Str									s) end manner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ABORESS OF PERSON WHO A	a Hour 110	IN SITEM 27 (Time Print		D2310	DER	29d. DA	TE SIGNED	(Morfin, Day, Year)
	WAYMAN WENDELL 31. DATE FILED (Month, Day, Year)	CHEATHAN 32 SIGNA	UND. 7	610 CA	RROLL K	fur, TA	Koma 1	HRK,	Mo 20912
	OCT 29 '92	guia Devident	- Andrew					,	

Jak Made Date

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, Last)	Anna	Theresa	Jak	cate of	PLAITI	MONTH			YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-24-5144 216-24-5144	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month,	OF BIRTH Day, Year)		8. BIRT NP	LACE (State or Foreign ryland	
H.	9a. FACILITY NAME (II not institution, give 1202 Waterford Co	atreet and number)	07	200	% CITY, TOWN O	OR LOCATION OF D			9c. COUNT		ATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Md. III.		io		TOWN OR LOCA	Be 1	Air				IOd. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 1202	Waterfor		Cī	10	f. ZIP CODE 21	015_		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WAS DEC	CENDENT OF HISPA	IISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American Inc Black, White, stc.) Specify: Specify:			- American indian, White, atc.		
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOME										24116	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) PETEL - MAJKA 18. MOTNER'S NAME (First, Middle, Meiden Surname) PRINTING Skwirut											
10	19a. INFORMANT'S NAME (Type/Pript) Benjamin Trancis Jablecki 19a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1202. Water Force Court, Belghing Add 21015 1203. METNOD OF DISPOSITION 1 Burlat 2 Cremation 3 Ramoval from State 1 Donation 5 Other (Specify) 2 DATE 2 Oc. LOCATION - City or Town, State 2 Cerematory or other place) 1 Harford Memorial Gardens 1 2 90 2 NAME AND ADDRESS OF FACILITY 2 NAME AND ADDRESS OF FACILITY											
	23. PART I. Enter the diseases, Dr	McCo complications that	MAN at caused the de	111	Howar	nd address of fa d K. McC Cokesbur	Comas V Roa	III Fu	nado	n. Mo	me, P.A.	
ATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications the List only one cast	it caused the de use on each line (OR AS A CONSEC	CO 1	22. NAME AI HOWAY 1317 Of enter the mo	ND ADDRESS OF FI CL K. MCC Cokesbur Ode of dying, suc	duny comas v Roach as cord	III Fu	nado	n <u>M</u> k et,	me, P.A. d. 21009 Approximate interval Betw	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	complications the List only one cast	OR AS A CONSEC	CO TOURNER OF):	22. NAME AI HOWAY 1317 of enter the mo	ND ADDRESS OF FI CL K. MCC Cokesbur Ode of dying, suc	duny comas v Roach as cord	III Fu	ngdor tory arres	n <u>M</u> k et,	me, P.A. d. 21009 Approximate interval Betw	
MEDICAL C	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the List only one cast a. Due To b. Due To c. Due To d.	(OR AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSE	OUENCE OF):	22. NAME AI HOWAY 1317 Ot enter the mo	ND ADDRESS OF FOR K. MCC	Part I.	III Fu	TOPSY	24b. W	me, P.A. d. 21009 Approximate interval Betw	
MEDICAL C	immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECT	DUENCE OF):	22. NAME AI HOWAY 1317 It enter the mo	ND ADDRESS OF PORCE COKESDUY Ode of dying, such as a given in	Part I.	III Fu	TOPSY	24b. W	Approximate interval Betwonset and D	
PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are conditions. The conditions are conditions are conditions are calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a condition of the calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculated as a calculat	Complications the List only one could be DUE TO DUE TO DUE TO d. DUE TO d. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE	(OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONS	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	22. NAME AI HOWAY 1317 It enter the mo	By ADDRESS OF PACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF DEATH (CACE OF	Part I.	III Fu	TOPSY	24b. W	Approximate interval Betwonset and D	
ED BY PHYSICIAN: MEDICAL C	Anock, or neer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CON	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE	22. NAME AI HOWAY 1317 It enter the mo the underlying the underlying 28. PL OTHER: 4 Nursing Hom OF M 1 Y	By Cause given in Cake Source General Color of dying, such General Color of dying, such General Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of Death (Color of D	Part I. Part I. 28d. DESC.	III Full d. Abjilac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac o	TOPSY ED?	24b. WA A C C C C I I	Approximate interval Betwonset and Disconnection of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	
D BY PHYSICIAN: MEDICAL C	Anock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditio	Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF INJURY — Al hoste. (Specify)	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA (4 4 4 4 4 4 4 4 4	22. NAME AI HOWAY 1317 In the underlying 28. PL OTHER: 4 Nursing Hom OF 28c. INJ M 1 0 Treet, factory, office at the time, deta	ND ADDRESS OF FOR RESIDENT AND ADDRESS OF FOR RESIDENT AND ADDRESS OF FOR RESIDENT AND ADDRESS OF FOR RESIDENT AND ADDRESS OF PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT THE PARTY AT	Part I. Part I. 28d. DESC. to the cause to the cause	III Full d. Abii ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac or respired ac o	TOPSY ED?	24b. WA CO O I I	Approximate interval Betwoen and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District and District an	

192. REGISTRAR'S SIGNATURE

BERAIL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1810

7 5 PAASHO
31. DATE FILED (Month, Day, Near)
NOV 02 92

FALLITUN

MO

3	8	
8	용	
E E	8	
	40	
8	g	
NUMB PHYSICIAN: THE IAM PEQUIES THAT THE DEATH CENTRICATE DE EXECUTED WITHIN 24 HOURS ALLE DEATH. PAGE-TO MAY DE LIMINED BY I	: After this certificate has been signed by the attending physician and completely filled in by the funeral director-hape 5 should be	
e	윦	
96	die.	
10	le le	
Ë	ě	
ě	2	
ě	₽	
2	2	
Š	_	ļ
ž	8	
V	4	
E	teh	ŀ
¥	jd	
2	8	
50	ĕ	•
3	20	
8	Sian	
alle alle	is	•
2	ā	ľ
9	P.	
Ē	pua	:
ea	att	
9	1	
	3	,
E	b	1
S	g	40
1	S	
ē	ee.	
-	IS	4 -
e e	1	
	cate	-
A	Til	
2	Ce	**
Ä	部	
2	1 16	-
1	Aff	
=		

9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MA			TMENT O			D MEN	TAL HYGIEN REG. NO.	Ε .) los	0.0	
	1. DECEDENT'S NAME (First, Middle, Last)		· · · ·						ATE OF DEATH			3. TIME OF DEAT	Н
	Cora	Jai	ne		Jarr	ett		1	0 26	199	92	7:00	Рм
	CONTRACTOR MANAGEMENT		6. AGE (in yrs. ia	st birthday)	IF UNDER 1 YE	_	UNDER 24 HR	5. 7. D/	ATE OF BIRTH forith, Day, Year)	1	. BIRTHPI Country)	LACE (State or Fo	reign
	370-03-0300	1 M 2 K F	86	YRS.	MONTHS	W8 HO	OURS MIN	111	-13-19	05	VIF	RGINIA	
-	9s. FACILITY NAME (If not institution, give stree				9b. CITY, TO					9c. COUNT	Y OF DEA	ATH	
DIRECTOR	1106 Applegart	h Road	•				Cree	e k		Do	rche	ester	
DIRE	Maryland Dor	chester	:	10c, CITY	town or L Chur		Cree	k				IOd. INSIDE CITY LIMITS? YES 2	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP	216	22		10g. CITIZE		S.A.	
13	1106 Applegart	II KOAU	EVER IN U.S. AI	RMED	13. WBS	DECEND			IGIN? (Specify Yes	or No. 1			
	1 Never Married 2 Married	FORCES? 1	YES 2 X		If ye	s, specify	Cuban, Me	dcan, Pue	rto Rican, etc.)	W 140-	Black, Specify:	- American India White, etc.	иъ,
BY	3 🔀 Widowed 4 🗌 Divorced		TOTAL BATES		1	TES ZA	JINO Sp	всиу.		W		e/Cauc	
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor		/(Sive kind of w	"S USUAL OCCUPATION of work done during most of working				16b. KIND OF BUS			,	
191	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 64	n. Do NOT us	e retired.)	ñ	worlding		77	1			
COMPLET	llth			нои	sewif					nemak	er		
8	17. FATHER'S NAME (First, Middle, Last)					18.			st, Middle, Maiden		0110	\	
BE	David Mathers								(M.N.			,	
2	19a. INFORMANT'S NAME (Type/Print) (d	aughter							lumber, City or Town			2162)6
		eightor	$\overline{}$						Rd., Cı				20
		irial 2 (A. Cremation 3 Removal from State cametee gramatory or other place)											
	4 Donation 5 Other (Specify)	IEFE	Sall	Sput	-		DORESS OF			alist	ury	, MD.	
	· bollen for	ru-	Hemu	vell	Ci	ırra	n Fu	ner	al Home		, M	D. 216	513
	23. PART. I. Enter the diseases, or con shock, or heart fallure. Lis	mplications that	caused the d	eeth. Do n	ot enter the	mode	of dying, s	uch as c	ardiac or respi	ratory arres	ıt,	Approxima	
	IMMEDIATE CAUSE (Final	st omy one caus	e on each lin	ө.								Onset and	
1 1	disease or condition resulting in death)	Arterio	oscler	otic	Car	oit	vascu	ılar	Disea	se			
	= 000/A19@1	DUE TO (C	OR AS A CONSE	QUENCE OF	·):		_						
S	Sequentially list conditions, b.	B448 44										ļ	
F	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (C	OR AS A CONSE	QUENCE OF	·):								
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (E	OR AS A CONSE	QUENCE OF	n:	-						-	
E	resulting in death) LAST				,-							İ	
B	d											+	
A	PART II. Other algnificant conditions of	contributing to d	leeth but not	resulting i	n the under	lying ca	use given	In Part I	. 24s. WAS AN PERFOR			VERE AUTOPSY FII	
음	-								1 TYES 2		0	COMPLETION OF C	
MEDIC									Inqu	iry	1	YES 2 A	10
	3.00												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE	OF DEATH	(Check onl	y one)				
\XSI	1 XYES 2 NO 1	☐ Inpatient 2 ☐			4 - Nursing			co 6 🗆 C	Other (Specify)				
표	27. MANNER OF DEATH 1 Natural 5 □ Pending	26e. DATE DF III (Month, Day		26b. TIME	URY	WORK?		28d.	OESCRIBE HOW IT	JURY OCCU	RED		
B	2 Accident Investigation						2 NO	\bot					
TED	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF building, et	INJURY — At hi tc. (Specify)	ome, farm, s	treet, factory,	office		28f. t	LOCATION (Street a City or Town, State)	nd Number o	Rural Roo	ute Number,	
빌	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of m	w knowledne d	enth occurre	d at the time	data and	plane and	tue to the					
COMPLET	(Check only one) 2 MEDICAL EXAMINER:											and manner as st	lated.
18 246 SUBLATURE BANK 1271 G-OF CENTROCK 1 / 1 / A													
l m II	/ / / / / / / / / / / / / / / / / / / /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
BE	WWF YEAR	VAH	M				0.0.	. M . E	.	T)/30	1/1992	1
l m II	Mario E Colle		OF DEATH (ITE			roo4							2.1
BE	Mario F. Golle 31. Date Fileo (Man) 797. (201) 4 192		0. 1/11	Pen	n St	reet			more,				01

in hospital or attending physician. deriched for use as the burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be instanced TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 must be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not the contraction.

BALTIMORE, MARWAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		STATE OF M	IARYLAND A	DEPAR	ITMEN'	T OF H	EALTH /	AND ME	NTAL HYGI REG.	ENE	2	318	893)
	1. DECEDENT'S NAME (Firs	MARY	A	GNES			INSON		2	DATE OF DEATH	1	992 ^{VEAR}	3. TIME 2:3	OF DEATH	a M
	4. SOCIAL SECURITY NUM 218-48-7627		5, SEX 1	6. AGE (In yrs. ia:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	4 HRS. 7,	DATE OF BIRTH (Month, Day, Year IULY I		A. BIRT		State or Forei	ign
DIRECTOR	9a. FACILITY NAME (N not h Memorial	Hospi				96. CITY, TOWN OR LOCATION OF DEATH Cumberland			1	9c. COL	A11	egany	r		
EG	RESIDENCE OF DE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION					Tage the	IDE CITY	
E E	MARYLAND	AT.	LEGANY			MBER							LIM	HTS?	•
	10a. STREET AND NUMBER		DDOIN'I		10f. ZIP CODE						10g. CI	TIZEN OF	WHAT COL		
ER/	612 ELM S	TREET			21502							S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2	•	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AF YES 2 AR OR DATES	NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.)					14. RAC Blac Spe	ck, White, o		,	
ED		EDENT'S EDUC		16a. Di	ECEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF	BUSINESS/IN	IDUSTRY			_
COMPLETED	Elementary/Secondary (College (1-4 or 5 +	,		- 5379		st of working							
₽ B	8 HOUSE KEEPER HOUSE KEEPER														
BE CC	17. FATHER'S NAME (First, Middle, Last) CHARLES SOWERS 18. MOTHER'S NAME (First, Middle, Making Surgeme) REBECCA ELLEN TWIGG														
10	JOHN A. JO							Number, City or			502				
	20a, METHOD OF DISPOSIT	ION	oval from State	20b, PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DATE 20c	LOCATION -	- City or 1	own, State		
	4 Donation 5 Other (Specify) GREENMOUNT CEMETERY OCT29 1992 cumberland, MARY									YLANI)				
	21. SIGNATURE OF FUNER	IL SERVICE LIG	Merri	A THE AND ROUTESS OF PACIETY					MSTREET CUMBERLAND, MARYLANI						
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to joil as a consequence of juice.								Ap	pproximate terval Bett neet and E	e ween				
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	dlate ING	DUE TO (OR AS A CONSE	QUENCE OF	n:							+		
ERTIFICATION	CAUSE (Disease or Injuthat initiated events resulting in death) LAS		OUE TO	OR AS A CONSE	QUENCE OF	n									
MEDICAL C	PERFORMED? 1 YES 2 NO									COMPLET OF DEATH	TOPSY FIND E PRIOR TO TION OF CAU HT	ME			
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	NOSPITAL:					ACE OF DEA	ATH /Check	only one)					
YS!	1 🗆 YES 🛇 NO	ER/Outpatient 3	DOA	4 II Nur		S C Resi	idence 6 E	Other (Specify)							
ву РН		Metural 5 Pending (Month.				E OF URY M	28c. INJU WOO		200	а. резсник но	W INJURY OC	CURED			
<u>a</u>	3 Suicide 6	Could not be determined	25s. PLACE OF building, e	INJURY — At he de. (Specify)	ome, ferm, a	dreet, fact	lory, affice		26	LOCATION (Sin City or Town, Si	ret and Numbe ato)	er or Rural	Plaute Num	bec	
PLET	29s. CERTIFIER CERT	CIAN: To the best of r	my knowledge, de	with occurre	ed at the t	ime, dete	and place, a	and due to t	he cause(s) and	manner as sta	nled.			_	

TO BE COM who completed cause of Death (ITEM 27) (Type, Print)
Memorial Hospital Medical Building, Cumberland, Md. Fiscus, Guy 31. DATE FILED (Month, Day, Year)

OCT 2 9 1992

Trigdson Randall

D 12779

0

21502

1 = 10

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.		- 01034	
6	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
	ERNEST	KIPNIS				10 2	7 9	2 2116 M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	577-22-8677 9a. FACILITY NAME (If not institution, give s	7	7 YRS.	AL 0774 7044				lashington, D.C.	
DIRECTOR	Holy Cross Hospi			9b. CITY, TOWN OR LOCATION OF DEATH Silver Spring			Montgomery		
REC	10a, STATE 10b, COUNT	Υ	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
		tgomery	Sil	ver Spr	ing			1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE				OF WHAT COUNTRY?	
NE	10715 Gregory St.				20901			ed States	
	1 Never Married 2 X Married	12. WAS DECEDENT EVER I FORCES? 1 X YES	2 NO	If yes, spi	ecify Cuban, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E		1 YES	2 NO Specify			Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT'S I	USUAL OCCUPATION OF DORK done during mo	ON at of working	16b. KIND OF BUS	SINESS/INDUS		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	st or working				
MP		8	Clinical	. Psycho.	logist	Self-e	mploye	d	
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden	Surname)				
BE		Kipnis			Pearl		Gans		
2	190. INFORMANT'S NAME (Type/Print) Mildred Kipnis	(Wife)			nd Number or Rural R	loute Number, City or Town	n, State, Zip Co	ide)	
	20a. METHOD OF DISPOSITION			as #10		1 2 2			
	1 Burial 2X Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Cer	metery, crematory or off	ner plece)		3		or Town, State	
	21. SIGNATURE OF FUHERAL SERVICE LIC		Suburban		L' V ID ADDRESS OF FAC		iver 2	pring, MD	
	11	0011		Rapp	Funeral S	Services,			
	23 DAOT I Poter the diseases of	S. CM	M00827	933 G	ist Ave,	Silver Sp	ring,	MD 20910	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)							Approximate Interval Between Onset and Death	
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS	A CONSEQUENCE OF	il A	hoch				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
	PART II. Other significent condition		. /						
PHYSICIAN: MEDICAL		umus of	out not resulting in	the underlying	g ceuse given in i	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ								1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			00.00	405 05 B54711 101				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che				
Ě	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outs	28b. TIME		e 5 ☐ Residence :	8 Other (Specify) 28d. DESCRIBE HOW II	HIREY OCCUR	en .	
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	INJU	JRY WO	RK?	and begoing trown	WOM COCOM		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, st			281. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,	
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								muse(a) and manner as stated	
TO BE	30. NAME AND ADDRESS OF PERSON WH	Sunt			D/7/		▶ 10-	GNED (Month, Day, Year)	
	2415 MUSER		51LVE		1116, 1	40 200	oy		
1	31. DATE FILED (Month, Day, Year)	/							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-translemoval.	dicel examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
- 1	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH 3. TIME OF DEATH						
	ADIMA	1	Krueger			MONTH DAY YEAR			
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In yrs.		YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	I e	BIRTHPLACE (State or Foreign		
	457-50-8573	□ M 2 🗓 F	6 YRS. MONTHS	DAYS HOURS MIN.	April 2,1	906	Texas		
1	Sa. FACILITY NAME (If not institution, give stree	if and number)	9b. CITY,	TOWN OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH		
DIRECTOR		14635 Bauer Drive #118 Rockville Montgomery							
딚	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TOWN OR	LOCATION					
Ē	Maryland Montgo	morti	Rockvil				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	шегу	ROCKVI	101, ZIP CODE		10a CITIZEN	1 ☐ YES ≹[X] NO		
FUNERAL	14635 Bauer Drive	#118		20853			d States		
3		2. WAS DECEDENT EVER IN U.S.	ARMED 13. W	AS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE — American Indian.		
	1 Never Married 2 Married	FORCES? 1 YES 2 TIF YES, GIVE WAR OR DATES	MNO II	yes, specify Cuban, Mexic	an, Puerto Rican, etc.)		Black, White, etc. Specify:		
Э ВУ	AXAMONE 1 DIRECT				White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	DECEDENT'S USUAL OCC (Give kind of work done do	CUPATION iring most of working	16b. KIND OF BU	SINESS/INDUST	TRY		
7		College (1-4 or 5+)	ife. Do NOT use retired.)						
Š	12 17. FATHER'S NAME (First, Middle, Last)		Homemaker		Own H				
		10			AME (First, Middle, Melden				
H					Y L. Davidson ral Route Number, City or Town, State, Zip Code)				
2	Russell Lee Stoneb			on Drive, R					
	20a. METHOD OF DISPOSITION	20h PLAC	E AND DATE OF DISPOSIT		DATE 20c.LO				
	1 Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	of from State cemetery, c	crematory or other place)	y Oct. 31	1	100	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S		
1	2% SIGNATURE OF FUNERAL SERVICE LICEN	SEE /							
	22 NAME AND ADDRESS OF FACULTY ROBERT A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Rockville, Maryland 20850-2805								
\neg	23. PART I. Enter the diseases, or con	polications that caused the							
	Shock, or heart failure. Lis	it only one cause on each li	ne.	ne mode of dying, so	on an cardiac or reap	natory arrest	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition								
1	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
z									
8	Sequentially list conditions, If any, leading to immediate								
2	CAUSE (Disease or Injury								
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):						
CERTIFICATION	d								
AL (PART II. Other aignificant conditions of	ontributing to death but no	t resulting in the und	erlying cause given in			24b. WERE AUTOPSY FINDINGS		
					PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä						X	OF DEATH?		
ž									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PLACE OF DEATH (C	heck only one)				
YSI		☐ Inpetient 2 ☐ ER/Outpetient	3 DOA 4 Nursi		8 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	8c. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCUR	ED		
B	1 Setural 5 Pending Investigation 3 Suicide 6 Could not be determined determined			1 YES 2 NO					
						N (Street and Number or Rural Route Number, wn, State)			
E.	4 nomicide determined								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
8		on the season of grammation and	westigation, in my op						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0-	~~	29c. LICENSE NU	MBER LL (29d. DATE SI	GNED (Month, Day, Ybar)		
2	30, NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH AT	TEM 27) (Some Print)	1400	03 6 6	10	78-15		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 WISCORSIN ADD FRETCHSON								
į	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	ב פסי בח אחוא	Julia Davidera Com	A SE						



.

BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be tritained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bit of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTII	-ICAT	E OF	DEATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
COMPLETED BY FUNERAL DIRECTOR		ADAM JOSEPH KLEIN				OCT 27 199:		2	1:20 A _M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIFTI (Month, Day, Y	ear)	Coun	**	
	313-14-2680 TX 2 F		- 05	9b. CIT	Y, TOWN OR LOCATION OF DEATH		JAN 4		723 TENNESSEE		
	NATIONAL NAVAL MEDICAL CENTER				10000					OMERY	
	10e. STATE 10b. COUNTY 10c. CI				Y, TOWN OR LOCATION				10d. INSIDE CITY		
	VIRGINIA FAIRFAX			MCLEAN				1 TES 2 NO			
	100. STREET AND NUMBER 1439 OAK VIEW DRIVE			101. ZIP CODE 22101				UNITED STATES			
	11. MARITAL STATUS 1 Never Married 2 Married	EVER IN U.S. ARMED	S 2 NO If yes,		DECENDENT OF HISPANIC ORIGIN? (Specify Y		fy Yes or No— c.)	s or No— 14. RACE — American Indian, Black, White, etc.			
	3 Widowed 4 Divorced	— 1969	A DATES 1 YES			S ZN NO Specify:			Specify: WHITE		
	15. DECEDENT'S EDI (Specify only highest grad	16a, DECEDENT	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5+)		Ine. Do NOT use retired.)								
JMC	17. FATHER'S NAME (First, Middle, Lost)		U.S.NAVY		<u>Y</u>	DEFEN 18. MOTHER'S NAME (First, Middle, Maidle)					
	ADAM JOSEPH H	KLEIN					E LOGAN	aiden Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	LING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)							
۲	MARYANN KLEIN		1439	OAK	VIEV	DRIVE,	MCLEAN,	VA 2	2101		
Į	20a. METHOD OF DISPOSITION 1/N Burlal 2 Cremation 3 Ren 4 Department 5 Other (Second)	noval from State	20b. PLACE AND DATE cemetery, cremetory or	E OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State of National Cemetery 11/2 Arlington, VA							
V		4 Donation 5 Other (Specify) Arlington 1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND ADDRESS OF FACILITY						
	Berland nitation of			3	Arlington Funeral Home 3901 N. Fairfax Dr., Arlington, VA 22203					T/A 22203	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, lift any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death MULTIPLE MYELOMA DUE TO (OR AS A CONSEDUENCE OF): b. DUE TO (OR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS										
MEDICAL								PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25 WAS CASE DEFENDED TO MEDICAL	1									
딣	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
Ĕ	1 VES 2/ NO 1 V Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
BY F	1 Natural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation					WORK?					
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)				tory, offic	ce 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 29										
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)					
BE	O'GILL MO				27 Oct 52						
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) NATIONAL NAVAL MEDICAL CENTER						CENTER				
	S. KROLL, LT, MC, USNR BETHESDA, MD 20889-5600)			
	OCT 30 '92										
	UCI 70 JZ	0							_		

. .

100

1			Á
	8		Đ
	6	1	ar.
			sit perm
	20	nysician.	irial-trans

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the built be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is merked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-003

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR			ERHE	CATE	T DEA	In	REC	B. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Caroline	Α		17			2	DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
		Anr		irner			10					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YE			Month, Day, 1	bar)	Coun	HPLACE (State or Foreign	
	218-30-4451	1 ☐ M 2 💢 F	92	YRS. AU					igust 8, 1900 Maryland			
	Se. FACILITY NAME (If not institution, give str		9b. CITY, TO	VN OR LOCAT	ION OF DEAT	Н	9c. C	OUNTY OF I	DEATN			
Ö	Physicians Mem	1]	JaP1a	ta		i	Char	cles			
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T soc CITY	Y, TOWN OR L	CATION					10d, INSIDE CITY	
DIRECTOR	Maryland Charl	0.5									LIMITS?	
	Maryland Charl 100. STREET AND NUMBER	es	TII	dian H	eaa 101. ZIP COD)E		1 40-	DITITEN OF	1 TYES 2 NO		
FUNERAL	PERIORI SOCIALISTICA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CO	רו					_		10g. t			
N N	Rt. 2, Box 161	12. WAS DECEDEN	T EVER IN HE A	DMED.	40 1100	206		0010110110		U.S.		
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	If yes	, specific Cub	an, Maxican, I	ORIGIN? (Spec Puerto Rican, e	elfy Yea or No- tc.)	Blac	E — American Indian, ik, White, alc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		10	YES 2 TO NO	Specify:			Spec	White	
	15. DECEDENT'S EDUC	ATION	16a. Di	ECEDENT'S	USUAL OCCUI	ATION		16b. KIND	OF BUSINESS	<u> </u>	7111100	
COMPLETED	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5 +	114.	Sive kind of v Do NOT us	vork done durin e retired.)	most of work	ing					
립	6		<i>'</i>	Home	emaker				V/A			
0	17. FATNER'S NAME (First, Middle, Last)			110111	Ollida 102	18. MOT	NER'S NAME	(First, Middle, I	_	e)		
	Andreas	Vorra	ath	Sophia							yer	
BE	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (Str		_	ite Number, City	or Town, State		yer	
2	Evelyn Kirner B	iles			e as #			ŕ				
	20s. METHOD OF DISPOSITION		20b. PLACE	AND DATE (OF DISPOSITION			DATE 2	Oc. LOCATION	— City or T	own, Stata	
	1. Burial 2 Cremation 3 Remo	val from State	Fort]	inco	ther place) 1n Cem	eterv	11-	4-92	Brent	wood	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Funeral Home											
	+ Who have	N-M	(33 1	72 263	
	23. PART I. Enter the diseases, or co	omplications that	caused the de	eath. Do n	of enter the	mode of dy	o Grain	MONU RO	respiratory	arrad	Head, Md.	
	shock, or heart fellure. L	lst only one ceu	se on each lin	0.		Δ.			rospiratory	orrost,	Interval Between Onset and Death	
	disease or condition () A and (4.9) Death () VIA											
	DUE TO (OR AS A CONSCOUENCE OF)											
-	Man Charles A Conserver of 191											
٥	Sequentially list conditions, DUE TO (OR AS A PONSEQUENCE OF):											
8	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	OUENCE OF	F):							
CERTIFICATION	resulting in death) LAST											
0	PART II. Other algorificant conditions	contributing to	death but not	re eviltime i	a the sender	ulas sauss	alven la De	-1	AS AN AUTOP:			
EDICAL	The significant conditions	contributing to	death put not	ot resulting in the underlying cause given in Part I.					ERFORMED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
								_ 10	YES 2 NO		OF DEATH?	
								-			1 TES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:		- D-	OTHER:		DEATN (Check					
₹	27. MANNER OF DEATN	1 Inpetient 2 I		2ab. TIM		NJURY AT		Other (Speci	,,	OCCUPED.		
	1 Natural 5 Pending	(Month, De			URY	WORK?		ed. DESCHIBE	NOW INJURY	OCCURED		
B	2 Accident Investigation 3 Suicide 1 Could not be	28a, PLACE O	F INJURY — AI h	ome farm s				at. LOCATION (Street and blue	that as fixed	Doubs Mumbes	
	4 Homicide 8 Could not be	building,	etc. (Specify)	,	Arout, factory,			City or Town		iber or norar	node Namoer,	
9	29a. CERTIFIER	en sollitza IS										
MP	(Check only											
COMPLETED	2 MEOICAL EXAMINER	on the basis of as	umination and/or	investigatio	n, in my opinic	n, death occu	red at the tim	ne, date and plo	ice, and due to	o the ceuse(a) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	lout	hot	MI		29c. LIC	ENSE NUMBE	ER	29d. E	DATE SIGNE	(Month, Day, Year)	
0	11 we	Jeny	, ,]	0-210	31	•	///1/	92	
-	30. NAME AND ADDRESS OF PERSON WHO										20604	
- 1	Michael Leather	rwood M	D Wald	orf	Medic	al Pa	ark P	.O. B	ox 24	9 Wa	ldorf Md	
Michael Leatherwood MD Waldorf Medical Park P.O. Box 249 Waldor											TOOTT'S HIGH	
	31. DATE FILEO (Month, Day, Year) NOV 0.5 '92	32. REGISTRA	Davidson-								Idoll, IId.	

2. 3 should		
Pages 1,		
sit permit.		
burlal-tran		
the		
e as		
or us		
20 20	-	
detache		A among
Ì		Bad as
ē		A A P.
athe		1
Z, D		manual han
directr		-
funeral		Manufa
the	MOVA	last av
5	P	7
pel	, 0	8
N E	ation	- Park
mplete	. crem	been the man
20	Duria	die
IN 21	9	0 0000
Sicia	prior	-
P	ene	Shar
ding	Hygi	or at
Ter	10	•

ND 21215-0020

1 -

compilal or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be removed by The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| INPORTRANT: If item 28 is marked, or item 23 shows any injury, or other traumatic evens the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,		S.							2. DATE OF DEATH OCTOBER 29, 1992			3. TIME OF DEATH	
	Marga		Kimmel				Octob	er 29	1055					
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	,,,	IF UNDER t	t YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE OF BI (Montp., Day)	ly, Year)	B. BIRT	THPLACE (State or Foreign	
	9a. FACILITY NAME (If not in:	264	1 M 2 F	99	YRS.	77.5					/ 1893		Germany.	
<u>«</u>	Calvert M	iemori a	al Hospit	ral	,			Fred			90	9c. COUNTY OF DEATH Calvert		
18	RESIDENCE OF DEC		AT HOUPE	,aı		FLI	100	Fred	ELIC	:K		Calv	ert	
DIRECTOR	10a. STATE		10c. CIT	TY, TOWN OF	A LOCA	TION					10d. INSIDE CITY LIMITS?			
	md	Calu	ert		St	t. Led	-						1 TES 2 NO	
RAI	10a. STREET AND NUMBER		a		4		101	of. ZIP CODE	E		10-	g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	1593 Over	-10 of						20	267	27		USA		
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	NT EVER IN U.S. 1 YES 2 WAR OR DATES	NO	lf lf	f yes, sp	pecify Cubsi	en, Mexica	NIC ORIGIN? (Sp en, Puerto Ricen,	pecify Yes or R 1, etc.)	Bla	CE — American Indian, ack, White, atc.	
B	3 Widowed 4 Divo	roed	IF YES, GIVE V	MAR OR DATES		1	☐ YES	S 2 🔀 NO	Specify	/:		Spi	white	
COMPLETED	15. DEC (Specify onl	EDENT'S EOU	JCATION (e completed)	16a.	DECEDENT'S	USUAL OC	CUPATI	ON world		16b. KIN	ID OF BUSINES	SS/INDUSTRY		
9	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT us	ise retired.)	Aller W.	OF OF Francis						
₹	7			}	housew	/ife					home			
	17. FATHER'S NAME (First, Mi	Contract Contract						16. MOTH	HER'S NA	AME (First, Middle	e, Maiden Surn	iame)		
BE	Unkno			т	-01 444 8 84		-	_	unkn					
2	Irwin A. Ki			- 1						Route Number, Cl				
	20a. METHOD OF DISPOSITE				CEANDDATE				St.	Leonar			T Dista	
	1 ☑ Buriel 2 ☐ Crematio 4 ☐ Donation 6 ☐ Other	n 3 Rem	ioval from State	cemetery.	crematory or of Mary's	other place!		Now 2 1002 Washington D. C.						
	21. SIGNATURE OF FUNERAL		ICENSEE	_ 000 .	Tury 5				SS OF FA	ACILITY Rausch Funeral Home				
	1 BK	O	100										ноте epublic Mary	
\vdash	23. PART I. Enter the di	leesses, or	complications th	at caused the	death. Do									
	shock, or he	esrt fellure.	. List only one cau	use on each II	ine.	101	IN III.	100 to -y	ng, suc.	1 00 corones .	Of 100pinus	ly stroot,	Approximete Interval Between	
	disease or condition										Onsat and Death			
	resulting in death) s. Consequence on:													
Z	Sequentially list conditions, Disease Pulmonamy Edama.													
AT	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING													
SE	CAUSE (Disesse or injuited events		c. DUE TO	O (OR AS A CONS	REQUENCE O									
CERTIFICATION	resulting in death) LAST	т		(011 110 11 00 110	ECOLIGE T.	7-								
	G													
18	PART II. Other significal	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO												
MEDICAL	SP small being resuction for strange lated 1 yes 2 Die OF DEATH?													
	- femera	1 14	mia							- 1			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO	O MEDICAL	_				26 P	ACE OF C	TATM (C)	neck only one)				
PHYSICIAN:	EXAMINER?	,	HOSPITAL:	C ED/Outpellant	2 🗆 2004	OTHER:	l:							
Ě	27. MANNER OF SEATH		28a. OATE OF	F INJURY	28b. TIM	E OF 2	28c. INJ	JURY AT	sidence	8 Other (Spe 28d. OESCRIB	BE HOW INJUR	RY OCCUREO		
ВУ Р		Pending Investigation	(Month, D	iey, Yeer)	INJ	JURY		ORK? YES 2 _	NO					
	3 Suicide 6 0	Could not be	26a. PLACE C	OF INJURY At I	home, ferm, r	street, facto	ry, offic	in .		281. LOCATION	N (Street and A	Vumber or Rural	I Route Number,	
E		datarmined		April (photo)						City or Tow	wn, Stare)			
COMPLETED			BICIAN: To the best of											
S S													e(s) and menner se stated.	
BE C	296. SIGNATURE AND TITLE	OF CERTIFIE	7					29c. LICE	ENSE NUM	ABER .	294	d. DATE SIGNE	D (Month, Day, Year)	
TO B	Valend	Ma	ne M	0			!	D	370	3	•	106	29/92	
F	38. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Type,	-1			. ,				1	
	Vakne 1	Moore		Calu	1art 1	Nem	ona	1/ /	Hos	26/				
							_		1 4 4					
	31. DATE FILED (Month, Dey,)	-A 100'	32. REGISTR	AR'S SIGNATURE	d. s. 66				7					

was with the second

TO THE HOSPITAL DR ATTEMBING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be rect. at 19 not the normal or attending physician	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dutached for use as the burial-trap be filled within 72 hours after death with the State Deat, of Mania Hydinga polic to burial companies or companies.	INDUCTION 1 to large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the large of the lar

	1 - STATE REGISTRAR		STATE OF MARY	YLAND / CE	DEPART RTIFI	CATE	OF HE	ALTH DEAT	AND M	IENTAL HYGIE REG. N			
	1. DECEOENT'S NAME (First,	V	lalter Ernest	Ke	ter	Kara		1		2. DATE OF DEATH MONTH	10-29	-92 92	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 175-30-068		5. SEX 6. AC	GE (In yrs. lest		IF UNDER 1		IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	1020	Count	
	9e. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY, 1	OWN OR	LOCATIO		Dec. 20,		Pen	nsylvania
S	Union Hospi	ital o	f Cecil Cou	inty	- 1	Elk						cil	CAIR
5	RESIDENCE OF DEC												
DIRECTOR	Maryland	Ceci				town on	LOCATIO	ON					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CECI			ELI	COII	1						1X YES 2 NO
FUNERAL	110 Courtne	y Dri					101. 2	219				S.A.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT FYER IN U.S. AR FORCES? 1 FYES, GIVE WAR OR DATES					10.3	yee, speci	ify Cubar	F HISPANIC n, Mexicen, Specify:	C ORIGIN? (Specify V , Puerto Rican, etc.)	ee or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc. //y: White
COMPLETED	Elementery/Secondery (0-12) College (1-4 or 5 +)					SUAL OCC ork done du retired.)	ring most	of working	g	166. KIND OF B			facturing
Ö	17. FATHER'S NAME (First, Mic		2201				1	18. MOTH	ER'S NAM	E (First, Middle, Maide			
B 2	W111		arashin	1						Lucy Whe	_		
2	Bergetta W.		shin	19b.	110 C	Court	Street end ney	Dri	or Rumai Ao Ve -	eute Number, City or To	wn, State, Zip MD 2	Code) 1921	
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 4 Donation 5 Other	20b. PLACE AN			e of	111-71	LOCATION — City or Town, State						
	21. SIGNATURE OF FUNERAL	ck		22. H	TEKS 03 W	Vest	Sto	Funera ekton Str 21921-552	ls, P		yrunu		
CERTIFICATION	Sequentially list condition from the condition from the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the c	iata IG y	DUE TO (OR AS	S A CONSEQU	UENCE OF)	*							Onset and Death
FILTSICIAN: MEDICAL CE	PART II. Other eignifican	but not rai	suiting in	the unde	erlying o	cause gi	iven in P		RMEO?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
2	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHER:	28. PLAC	E OF DE	ATH (Checi	k only one)			
2	1 STES 2 NO 27. MANNER OF OEATH		1 Inputient 2 ER/O	K. T		OF 21	g Home Sc. INJUR WORK	Y AE		Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
6	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined determined					М	1 TYES		но	28t. LOCATION (Street City or Yown, State	and Murral	or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIF	FYING PHYSIC	EAN: To the best of my knot: Con the basis of examinat	owledge, dest	th occurred	at the time	n, date en	d place,	end due to	o the cause(e) end ma	nner ea state	d.) end manner ee stated.
0 00 01	29b. SIGNATURE AND TITLE OF	F CERTIFIER	lain m.	0.					SE NUMB				(Month, Day, Year)
	30. NAME AND ADDRESS OF W. Bra	ce G	COMPLETED CAUSE OF I	DEATH (ITEM	27) (Type, F	rint) 2 U	250	2 60 /	40.	- pAle	/	10.	1
	31. DATE FILED (Month, Day, Ye	ar)	32. REGISTRAR'S SIG	SNATURE		7			100 3/6	- 61 0	011	000	iniy

for the sor floores

	-	1
		ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.
	_	insit
0	ician	al-tra
020	phys	prini
0	Sing	the
15	itten	8 98
212	0,0	or us
0	pital	pg pa
Z	Pos	tach
7	/ the	e de
RY	De De	d bi
M	tain	shou
2	be re	96 5
E E	nay	pa(
ō	9 8	ecto
Σ	200	J dir
BALTIMORE, MARYLAND 21215-0020	ath.	Juera
BA	er de	the fi
	s aft	6
-	hour	in Da
۳	24	y fill
0,	vithin	etel
16	A per	DIMO:
89	xecu	pue.
×	De e	lan
B	cate	hysic
Ö	ertifi	d bu
ď.	E C	tendi
Ś	dea	e at
20	t the	by th
ORDS, P.O. BOX 68760,	s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	peu

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 26, 1992 YEAR Nathaniel Horace Luttrell, Jr. Oct. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Wash., D.C. 1 👿 M 2 🗌 F 73 226-38-8784 0204 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4305 Torch Light Circle Bethesda Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY MD BETHESDA 1 4 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? CIRCLE 4305 U.S.A. 16HT 20816 ORCH 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW II 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 5+ U.S. Gov't. Physicist examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Harriett Lothrop Nathaniel Horace Luttrell, Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 4305 Torch Light Cir., Bethesda, MD Elizabeth Luttrell 20s. METHOD OF DISPOSITION

1 Serial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 10/30 Washington, DC Rock Creek Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, DC 20016 or removal Item 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) GUNSHOT WOUND ALUTE DUE TO (OR AS A CONSEQUENCE OF): DEPRESSION
DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION NDOT Sequentially list conditions, 2 if sny, leading to immediate cause. Enter UNDERLYING CARCINOMA (METASTATIC) PRISTATE CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 10 OF DEATH? DIVISION OF VITAL REC OR ATTENDING PHYSICIAN: The law require 1 YES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 X Residence 8 - Other (Specify) 27. MANNER OF CEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 705 DIRECTOR: After the hours after death w 10 1 YES 2 10 BY SHOTGUN WOUND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 HOME 29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPOSED BE FINE WITHIN 72 PM 2 X MEDICAL EXAMINER: On the basis of examin ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

Oct. 27, 1992 7099 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Francis C. Mayle, M.D., 8200 Wisconsin Ave., Bethesda, MD 20814 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

helio Deviden Borde

	-
	=
	7
	60
	◛
	-
	#
	a
	-
	83
	3
	Q.
	~
	-
	2
,	. 4
	7
	₽.
	2
	-
	P
	40
	5
	ಪ
	ď.
	8
	60
	ā
	9
	TO
	9
	4
	E
	60
	ö
	_
	듄
	60
	d)
	Ö
	600
	Z
	₽
	-
	CO.
	5
	_
	60
	60
	·Ξ
	2
	×
	50
	3
	ÇO.
	_
	•
	Æ
	-
	Z
	eď.
	完
	$_{2}$
	S
	5-
	T
	ο
	٥.
	0.
	NG P

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN				- TI II	01	DEATE	•	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH				DAY YEAR 3. TIME OF DEATH		
	EVELYN	E.	LE	MAMA					OCT. 29.	199	92	1:50 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER 24		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHI Country		ACE (State or Foreign	
	216-44-4292	1 🗆 M 2 💢 F	78 YRS.		MONTHS	DAYS HOURS MIN.		MIN.	Aug 1, 19	14		ngton, D.C.	
	9a. FACILITY NAME (If not institution, give a			96. CITY, 1	CITY, TOWN DR LOCATION OF DE					NTY OF DEA			
5	8906 - 24th Avenu		Δd	elph	oi			Pri	nce Ge	eorge's			
E I	RESIDENCE OF DECEDENT		7101	СТР	11			1 1 11	icc ac	701 gc 3			
1	10a. STATE 10b. COUNTY	10c. CITY	OC. CITY, TOWN OR LOCATION 10d. INSIDE							Dd. INSIDE CITY LIMITS?			
ᅙ	Maryland Prince	ce George	's	Ade	elphi						1	YES 2 X NO	
4	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?	
E	8906 - 24th Avenu	Je				1	20783			Uni	ted St	rates	
FUNERAL DIRECTOR	11. MARITAL STATUS	EVER IN U.S. A	RMED	13. W			HISPANI	C ORIGIN? (Specify Yes			- American Indian.		
	1 Never Married 2 Married	FORCES? 1	YES 2X	NO	111	yes, spe	ecify Cuban, I	Mexican	, Puerto Rican, etc.)		Black, \	White, etc.	
B	3 🖾 Widowed 4 🗌 Divorced	11 7 20, 0172 10	AN ON DATES		1 ''	1E\$	2 NO	ареспу:			Specify:	White	
COMPLETED	15, DECEDENT'S EDUC			ECEDENT'S					16b. KIND OF BUS	INESS/INI	DUSTRY		
4	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- 64	Sive kind of w b. Do NOT us	rork done du e retired.)	iring mos	st of working						
4	12		·	Secretary					U.S. Tr	easu	rv		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	L'S NAM	E (First, Middle, Maiden					
	Milton W.	Dre	ennan				Balt				tman		
BE	19a, INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (Street e		_	oute Number, City or Town				
2	William C. Leamar	n							erside, C				
	20e. METHOD OF DISPOSITION	12					meof						
	1 Burial 2X Cremation 3 Rem	oval from State	cemetery, cr	ematory or of	me or		DATE 20c. LOCATION — City or Town, State			, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	atory 10-29 Silver Spring, MD											
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon						Services,	⊃.A.					
	Delli- a	3.CW	1	100827	7 93	3 G	ist Av	/e.	Silver Sp	rina	. MD	20910	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEQUENCE OF): OBSTRUCTIVE PUIM MANY DISCRESSE NEEQUENCE OF):					Onset and Death						
Ē													
CERTI		d											
	PART II. Other algorificant condition	s contributing to	death but not	resulting i	n the und	erlying	cause give	en in P				ERE AUTOPSY FINDINGS	
	de l		death but not	resulting i	n the und	erlying	cause give	en in P	PERFOR	MED?	A 0	MAILABLE PRIOR TO OMPLETION OF CAUSE	
EDICAL	PART II. Other algorificant condition		death but not	resulting i	n the und	erlying	cause give	en in F		MED?	A CO	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	de l		death but not	resulting i	n the und	erlying	cause glw	en in F	PERFOR	MED?	A CO	MAILABLE PRIOR TO OMPLETION OF CAUSE	
MEDICAL	OST CO POTO		death but not	resulting I	n the und			_	PERFOR	MED?	A CO	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEAT	TH (Chec	PERFOR	MED?	A CO	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	OST CO POTO	N.C.	ER/Outpatient	3 DOA	OTHER:	26. PL	ACE OF DEAT	TH (Chec	PERFOR 1 YES 2 Sk only one) G Other (Specify)	WED?	1	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	ER/Outpetient :		OTHER:	26. PL.	ACE OF DEAT 5 💆 Resid	TH (Chec	PERFOR	WED?	1	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da	ER/Outpatient ; INJURY y, Year)	3 DOA	OTHER: 4 Nursir E OF URY M	26. PL	ACE OF DEAT 5 💆 Resid URY AT RK? ES 2 🗌 N	TH (Chec	PERFOR 1 VES 2	WED?	M CC OO 1	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 28a. DATE OF (Month, Da	ER/Outpetient :	3 DOA	OTHER: 4 Nursir E OF URY M	26. PL	ACE OF DEAT 5 💆 Resid URY AT RK? ES 2 🗌 N	TH (Chec	PERFOR 1 YES 2 Sk only one) G Other (Specify)	WED?	M CC OO 1	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De	ER/Outpatient : iNJURY y, Year) FINJURY — At hite. (Specify)	3 DOA 28b, TIMB INJI	OTHER: 4 Nursir E OF 2 URY M treet, factor	26. PL. ing Home t8c. INJI WOI 1 Y y, office	ACE OF DEAT 5	TH (Chec	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	MED? NO NO NURY OC	CURED	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpartent 2 28e. DATE OF (Month, Date of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best	ER/Outpatient : INJURY INJURY — As hard: (Specify) Try knowledge, d	3 DOA 28b. TIMI	OTHER: 4 Nursir E OF URY M treet, factor	26. PL. ng Home WOI 1 You y, office	ACE OF DEAT 5 Resid RK? ES 2 N and place, an	FH (Chec	PERFOR 1 YES 2 Sk only one) Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED CURED	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpartent 2 28e. DATE OF (Month, Date of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best	ER/Outpatient : INJURY INJURY — As hard: (Specify) Try knowledge, d	3 DOA 28b. TIMI	OTHER: 4 Nursir E OF URY M treet, factor	26. PL. ng Home WOI 1 You y, office	ACE OF DEAT 5 Resid RK? ES 2 N and place, an	FH (Chec	PERFOR 1 YES 2 Sk only one) Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED CURED	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Date of the Duilding, 4) 28b. PLACE OF Duilding, 4	ER/Outpatient : INJURY INJURY — As hard: (Specify) Try knowledge, d	3 DOA 28b. TIMI	OTHER: 4 Nursir E OF URY M treet, factor	26. PL. ng Home WOI 1 You y, office	ACE OF DEAT 5 Resid RK? ES 2 N and place, an	I'H (Chec	PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) o the cause(s) and man ime, data and place, and	MED? NO NO NO NO NO NO NO NO NO N	CURED Tor Rural Routed. The cause(a) a	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO the Number, and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Da 28e. PLACE OF building, 4	ER/Outpatient : INJURY — Ai hitc. (Specify) my knowledge, diamination and/or	3 DOA 28b. TIME INJ	OTHER: 4 Nursire 5 OF URY M White the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of th	26. PL. ng Home WOI 1 You y, office	ACE OF DEAT 5 N Resid URY AT RK? ES 2 N and place, an	I'H (Chec	PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) o the cause(s) and man ime, data and place, and	MED? NO NO NO NO NO NO NO NO NO N	CURED CURED Tor Rural Routeted.	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO the Number, and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impetient 2 28e. DATE OF (Month, De 28e. PLACE OF building, 4	ER/Outpatient : iNJURY y, Year) FINJURY — As hate. (Specify) my knowledge, d amination and/or E OF DEATH (ITE	B DOA 28b. TIMI INJI Drine, farm, s asth occurre investigation	OTHER: 4 Nursir E OF 2 URY M Areet, factor d at the tim	28. PL 28. PL WOI 1 Y Y, office	ACE OF DEAT	FH (Chec	PERFOR 1 YES 2 Sk only one) Chart (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) o the cause(s) and man ime, data and place, and	MED? NO NO NUMBER NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED To Rural Routed. Ted. E SIGNED (M.	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO TO NOTE NOTE NOTE NOTE NOTE NOTE NUMBER TO NOTE NUMBER TO NOTE NOTE NOTE NOTE NOTE NOTE NOTE NO	
EDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, Date of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the bes	ER/Outpatient : iNJURY y, Year) FINJURY — As hate. (Specify) my knowledge, d amination and/or E OF DEATH (ITE	29b. TIMM 29b. TIMM 29b. TIMM 1NJ 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29b. TIMM 29	OTHER: 4 Nursir 4 Nursir William M treet, factor d et the tim n, in my opi	28. PL 28. PL WOI 1 Y Y, office	ACE OF DEAT	FH (Chec	PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) o the cause(s) and man ime, data and place, and	MED? NO NO NUMBER NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED To Rural Routed. Ted. E SIGNED (M.	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO TO NOTE NOTE NOTE NOTE NOTE NOTE NUMBER TO NOTE NUMBER TO NOTE NOTE NOTE NOTE NOTE NOTE NOTE NO	



	- 0
9	- 23
-	- ĕi
24	-
M	- 60
0.	-
	- 64
-	- 25
푠	- 25
co	- 3
õ	4
	(6)
60	-5
#	-
G.	- 2
60	4
5	-
ヌ	_
. ~	TO
_	.92
100	定
CA	7
-	2
-=	63
5	25
-	*
5	
773	- E
26	0
~	0
7	-
8	- 22
*	20
63	
400	-
~	.00
_	O
80	S
100	- ≥
C)	듄
WE .	54
-	
63	C
Ö	*
_	\simeq
45	- 65
CO	===
0	- CO
0	a)
80	Æ
-	+-
-	>
200	.0
20	775
-	- 26
100	Č
40	-0
-	in
2	-
80	- 50
2	- 85
-	ă
2	-
-	83
and the	ĕ
E	
=	- 22
	40
7	.9
45	45
-	E
\sim	60
(0)	C
5	r/h
7	-=
0	£
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	CTDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director
9	60
2	£
=	4
7	
~	or
ш	0
-	=
Ser.	U

Mary H. Fang,

M.D.

50

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 31902 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH October 29, George Lee 1992 2:30 P. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Feb. 7, 1 🔀 M 2 🗌 F 220-22-0139 76 1916 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove Adventist Hospital DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery North Potomac 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10904 Cartwright Place r, page 5 should be detached for use as the burial-transit 20878 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Marri IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify BY 3 Widowed 4 Divorced Asian 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Mechanical Engineer Department of the Army 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Bing Lee Chun Lan Mok 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carol L. Tseng 11225 Hurdle Hill Drive, Potomac, Maryland 20854 9 20s. METHOD OF DISPOSITION

1 🖾 Burlal 2 □ Cremation 3 □ Ren

4 □ Donation 5 □ Other (Specify) □ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Parklawn Memorial Park 11/2/92 Rockville, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/Rockville,
300 West Montgomery Avenue Inc.
Rockville, Maryland 20850-2805 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Yahu M00198 annah medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feiture. List only one ceuse on each line. Interval Bety 6 **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disease or condition Circiorespiratory arrest resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burial, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUE that initiated events resulting in death) LAST are provosanta eath with the State Dept. of Health and Mental marked, or Item 23 shows any Injury, o PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 X YES 2 NO 1 Inpetient 2 X ER/Outpetient 3 I DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Natural 5 Pending 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town: State) 00 COMPLETED 6 Could not be after Item 28 4 Homicide DIRECT HOURS 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 hr 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Hans 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ar D23448 ▶October 31, 1992 2 HD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

West Edmonston Drive Rockville, Maryland 20852

1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAR CERTIF					MENT/	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	Sun	Ja	Lee					MON	TE OF DEATH		YEAR 92	3. TIME OF DEATH 7:55 A. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (II	n yrs. lest birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTH		8. BIRTH	PLACE (State or Foreign
219-94-9120)	1 🗌 M 2 沈 F	77	YRS.	MONTHS	DAYS	HOURS	SAIN.		nth, Day, Year)	_	Country	
9a. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CF	TY, TOWN O	R LOCATION	ON OF DE		pt.8.19]	9c. COUN		orea
Holy Cros	s Hos	pital				Silv	er Si	nrin	o		Mor	+ ~ ~ ~	
RESIDENCE OF DEC	EDENT							PL III	8		MOL	tgor	nery
10e. STATE	10b. COUNT			2.00		OR LOCAT	ION						10d. INSIDE CITY LIMITS?
Maryland	Mon	tgomery		Po	toma								1 X YES 2 NO
100. STREET AND NUMBER						101.	. ZIP CODE	E			10g. CITIZ	ZEN OF W	THAT COUNTRY?
10028 Chart	well						20854				Per	m. I	Resident
11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If yes, spe		n, Mexica	n, Puerto	IN? (Specify Yes on Rican, etc.)	or No—	Black	— American Indian, , White, etc. ^{y:} Oriental
15. DEC	EDENT'S EDU highest grade	JCATION e completed)		16a. DECEDENT'S	USUAL.	OCCUPATIO	N et of workin	200	16	b. KINO OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5 a)	(Give kind of life. Do NOT u			a ur wurker	79					
12				Homer	nake	r				N/A			
17. FATHER'S NAME (First, Mi							18. MOTH	HER'S NA	ME (First,	, Middle, Maiden S	umame)		
Chung Bok L										able			
19a. INFORMANT'S NAME (7)	/pe/Print)									mber, City or Town,			
Ji Whan Lee				10028	Cha	rtwel	ll Ma	nor	Cou	rt Poto	mac.	Md	20854
20a. METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	noval from State	ceme	PLACE AND DATE stery, cremetory or or or or or or or or or or or or or	of DISPO	osition (Nai e) erv	me of	nt. 2	28.1	992 01	THEN -	Otty or To	wn, State
21. SIGNATURE OFFUNERA	SERVICELL	walk	,				D ADDRES	SS OF FAC	CILITY	Hines/R	ina1	di F	uneral Home Spring, Md
23. PART I. Enter the di	seases, or	complications the	csused	the death. Do	not ente	er the mod	de of dyl	ing, suci	as ca	rdiac or respire	tory arm	est,	Approximata
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art tallure.	s	se on ea	ch line.									Interval Between Onset and Death
Sequentially list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	diate NG ry	OUE TO	(OR AS A	CONSEQUENCE O	F):	cil	ar		Α	ceide	rut		
PART II. Other significan	nt condition	ns contributing to	death bu	it not resulting	In the c	underlying	cause g	given in	Part I.	24a. WAS AN A PERFORM	ED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_				_				1 TES 2 NO
05 MM0 0405	. Inmario.												
25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Che	ock only o	one)			
1 YES 2 NO		1 inpetient 2			4 🗆 Nı	ursing Home		sidence					
1 -	Pending	28a. DATE OF (Month, D		28b. TIN	IE OF JURY	28c. INJU WO	RK?		28d. DE	EŞCRIBE HOW IN.	JURY OCC	URED	
2 Accident	investigation	20- 81 405 0	P AND HARRAY		INI		ES 2	NO					
	Could not ba determined	bullding,	etc. (Specif	— At home, term,	street, ta	ictory, office			City	CATION (Street an y or Town, State)	d Number i	or Rural R	oute Number,
		ICIAN: To the best of											and manner as stated.
						-p./moli, 91							547 .111/25
29b. SIGNATURE AND TITLE	OF CERTIFIE	SE	}	7/			29c. LICE	36°	9 81		29d. DATE	SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF		O COMPLETED CAUS	E OF DE	74 (ITEM 27) (Type					1	1			14
Satish Ar	ngra			1500		ORE	37	61	EX	IKO	35	, /	ND.
31. DATE DEDINZING	92	3 DEST	SCHA	TUPPLE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

	dsoc	che		65
	the	deta		Duc
	6	2		16
	Ped	pino		Pol
	etai	55		=
	8	96		
	may	, pa		#
	8	ecto		Ě
	Page	- G		9
	5	Hera.		Ē
	dea	10	-	20
	after	y th	DOVE	ES
	2	q ui	10	8
	2	100	0,0	E
4	n 24	ly fi	ation	Ĕ
•	Mile.	plete	mer:	ant,
	Pe	mo:	al, c	8
	DOG.	8	Ž	ब्रह
	8	an a	2	E
	te b	Sici		E
	tiffca	100	ene	1
	9	din	Hygi	0
	eath	atte	重	7, 0
	Pe d	the	ž	큳
	nat t	3	and	W
	E T	gned	afth	60
	quin	n Si	f He	8
	₹ 3	pee	f. 0	5
	-	has	9	23
	Ē	ate	tate	ten
	MAN	riffe	he S	10
	X	S Ce	4	pq.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DING	Afte	deat	=
	LEN	OH:	fler	8 1
	A	ECT	Sa	m 2
	. DA	DE	Pol	He
	TA	RAL	2	# :
	Sp	UNE	Athir	Z
	¥	4 8	% pe	H
	10	亡	e #	FP
	F	=	Ď	=

	FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	RTMENT OF I	HEALTH /	AND M	IENTAL HYGIEN		32 31904
	1. DECEDENT'S NAME (First, Middle, Last) ROYAL FRANKLIN							2. DATE OF DEATH	AY	year 7:36 a.m
	4. SOCIAL SECURITY NUMBER 219-07-8193	5. SEX 1 M 2 F	6. AGE (In yrs. Ia	st birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month Day, Year) 3/04/12		B. BIRTHPLACE (State or Foreign Country) MD.
TOR	De. FACILITY NAME (If not institution, give Frederick Memorial Residence of Decement	al Hospit	tal		эь. city, тошн Frea	erick	N OF DEA	тн	9c. COUNT	ederick
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	rederick		10c. CIT	ry, town or local	TION MS tow	n			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	1868 Pleasant	View Rd.			10	1. ZIP CODE 21	710		10g. CITIZE	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes, s	CENDENT OF Healty Cuben,	HISPANIC Mexican, Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-	4. RACE — American Indian, Black, White, atc. Specify: black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +) (4	Bive kind of Do NOT u	usual occupati work done during m se retired.)	ON ost of working		166. KIND OF BU		STRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Albert Lawson							E (First, Middle, Maiden Whalen	Sumame)	
TO B	180. INFORMANT'S NAME (Type/Print) Lillian Lawson		10					oute Number, City or Tow		
	20s. METHOD OF DISPOSITION 1 🗓 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	noval from State	20b. PLACE cemetery, cr Restr	AND DATE	of DISPOSITION (Nother place) Memoria	ema of L. Gar	dens	10-17 F	cation - ci reder	ty or Town, State ick, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	ner	Stauf	fer F	uner	al Home, 21702		
	23. PART . Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly Dne ceu	se on each lin	е.	not enter the mo	de of dyin	g, such	sa cerdlec or respi		Approximete Interval Between Onset and Death 5 Weeks
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	f):				-	
CERTIFICATION	CAUSE (Disesse or injury that initisted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):					
MEDICAL	Dementa preumone	s contributing to		resulting	in the underlyin	g ceuse gi	ven in P	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	ACE OF DEA				
BY PHYS	1 VES 2 NO 27. MANNER-OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF (Month, Da	INJURY	26b. TIM	IE OF 28c. IN.	URY AT ORK?	1	Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCU	RED
	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE Of building,	FINJURY — AI he atc. (Specify)	ome, farm,	street, factory, offic			26f. LOCATION (Street a City or Town, State)	and Number of	Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINE									cause(s) and menner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE ROUND	o Stern.	MD			29c. LICEN	SE NUMB	3	29d. DATE :	BIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	CHEN MI				D.	2100	Web M	d 2	1711

2. REGISTBAR'S SIGNATURE
Pulia Day don-Randelle

1992

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physical	y filled in by the funeral director, page 5 should be detached for use as the turnal-tition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turnished be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	RTIF	ICATE (F DEA	ГН	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE				3. TIME OF DEATH
	Leonard E	ugene		L	atime	r		10	31	1	992	07:25 Am
	4. SOCIAL SECURITY NUMBER 5	SEX	8. AGE (In yrs. last		IF UNDER 1 YE		24 HRS.	7. DATE OF BIR	RTN			PLACE (State or Foreign
	577-38-5760	XXM 2 F	77	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Dec. 1	9, :	1914	Mary	
	9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY, TO	WN OR LOCATI	ON OF DE		<i></i>		NTY OF D	
DIRECTOR	Physicians Mem	orial	Hospit	al	L	aPlat	a			Ch	arle	S
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	-		ton CIT	Y, TOWN OR L	CATION						
E	Maryland Charle	C										10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	2		DE	enedict							1 VES 2 (X) NO
FUNERAL	Box 63					101. ZIP COD 2061				1		NAT COUNTRY? States
5		2. WAS DECEDEN	VEVER IN U.S. ARI	MED	13. WAS	DECENDENT (OF HISPAN	IIC ORIGIN? (Spe	cify Yes		_	- American Indian, , White, etc.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	MYES 2 □ N MAR OR DATES	0		YES 2 X NO		n, Puerto Rican,	etc.)		Specif	y:
	15. DECEDENT'S EDUCAT (Specify only highest grade coi	TON	16a. DEC	EDENT'S	USUAL OCCU	PATION		16b, KIND	OF BUS	SINESS/IN	Whi DUSTRY	re
ш	Elementary/Secondary (0-12)	College (1-4 or 5 +	- Illa	Do NOT u	se retired.)	g most or wond	ng					
COMPLETED	12th	0	Rest	aura	ant Owr					ırant		
8	17. FATNER'S NAME (First, Middle, Last)	mou						ME (First, Middle,		,		
B	Thomas Eugene Lati	mer.	401-	MAHING	ADDRESS (O			nette De	_		0.0	
2	Mrs. Emma L. Manue	1						inton, I			,	735
	24. METHOD OF DISPOSITION		20h PLACE A	NODATE	OF DISPOSITIO	N (Neme of		DATE	20c I O	CATION	City or Toy	en State
	1-(1) Burial 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	I from State	Md ST	netory or o	vetera	ns Cen	1. 11	-04-92	Che	lter	ham	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE M			22. NAN	E AND ADDRE	SS OF FA	ral Hor	0110	Too	inality	
	Mark G. Broha	yn M	00053		3103	nuntt 01d W	rune Iashi	ral Hor ington I	ne, Road	inc.	ldor	20604 f. Md.
	23. PART Enter the diseases, or con shock, or heart feliure. Lis	nplications that	t ceused the dec	th. Do	not enter the	mode of dy	ing, suci	h ss cerdiec o	r reepi	ratory er	rest,	Approximate
	IMMEDIATE CAUSE (Final	Only ona cau	Se on asch lina.		100							Interval Between Onset and Daath
	disesse or condition resulting in death)	CH	2)/H	2 8	YKK	ESI						
		DUE TO	OR AS A CONSEQ	UENCE O	707	CNI	N	10010	20			
O	Sequentially list conditions, b.	C DWG TO	ONA	HENCE O	7	CY-Y	10	H SAN	2			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	XIF1K	CF	ZDI	14/21	ALI	AR	WHAR	P	115	480	
Ĭ.	CAUSE (Disease or injury that initiated events	A PUSTO	IOR AS A CONSEQ	VENDE O	P		10	NAIG	160		CA	
ERI	resulting in death) LAST	CHIPE	NIC	12	AVA	- (N	BU	1-16	It	NO	Y	
C	PART II. Other significant conditione	contributing to	death but not re	eulting	in the under	vina cause.	alven in	Part I. 24a S	WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS
DICAL	CYPRAINT (9)	STODI	CHUS	1.1	19/2	MS	9,45	\mathcal{D}	PERFOR	MED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	MITECTIMIA	A	TAINA		VIVA	110	0010	10	YES 2	DATO		OF DEATH?
Σ.	40/12/11/11	- IW	JULI W					-				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF D	EATN (Che	eck only one)				
PHYSICIAN: ME		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 Re	raidence	8 Other (Spec	://v)			
Ä	27. MANNER OF DEATN	28e. DATE OF (Month, Di		28b. TIM		INJURY AT WORK?		28d. DEŞCRIBE		NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(,	-9, 1007				NO		-	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		
	3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY — At hor etc. (Specify)	ne, term,	street, factory,	office		28f. LOCATION City or Town	(Street an, State)	nd Numbe	or Rural R	oute Number,
COMPLETED			****									
F	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of	my knowledge, dea	th occurr	ed at the time,	date and place	, and due	to the cause(a) a	and man	ner aa sta	ted.	
ON	One) 2 MEDICAL EXAMINER:	On the basis of ex	camination and/or in	veatigation	on, in my opinie	on, death occur	red at the	time, date and p	lace, an	d d <i>u</i> e 10 11	ne cause(a)	and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	17					ENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
TO B	-OW	MY	a			D-	-230	21		•	100	31192
	30. NAME AND ADDRESS OF PERSON WHO C											20602
		ra MD	7C Pos	st (Office	Rd.	Cenn	a Cent	ter	Wa	aldo	rf.Md.
	31. DATE FILED (Month, Day, Year) 100 0 4 '92	32. REGISTRA	Devidson-	0.4.	M.							-0471
	ARUV U 4 JZ	grina	maniason-1	mad	-							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x construct death. Plane is made in the mospital or attending physician and completely filled in by the funeral director has a structure as the burnary permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMARE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE OF	DEATH DA			3. TIME OF DEATH
Wilford J.	Layto	n Jr.								Octobe			92	10:30 P m
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE	(In yrs. las	t birthday)		R 1 YEAR			7. DATE OF I	BIRTH W. Wast		8. BIRTI	HPLACE (State or Foreign
213-34-6049		1 XM 2 🗆 F		55	YAS.	MONTHS	DAYS	HOURS	MIN.	Dec.		36		vland
Sa. FACILITY NAME (If not in		treet and number)				9b. CITY	r, TOWN	OR LOCATI	ON OF D	-			NTY OF E	-
8929 Old Oc	ean CI	ty Road				E	Ber1	in				Wor	cest	er
10a. STATE	10b. COUNT				10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY
Maryland	Worce	ster			Ber	lin								LIMITS?
10e. STREET AND NUMBER							1	101. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
8929 Old Oc	ean Ci	ty Road						21811				USA	X	
11. MARITAL STATUS	HUNGOO!	12. WAS DECEDER				13.				NIC ORIGIN? (S		or No-		E — American Indian, k, White, atc.
1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE	WAR OR D	ATES				ES 2 X NO			11, 016)		Spec	ally:
		1957-1	963											White
15. DEC (Specify onl	EDENT'S EDU ly highest grade	completed)		(G	CEDENT'S lve kind of a Do NOT us	work done	during r	TION most of worki	ng	16b. Kil	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (I	0-12)	Collage (1-4 or 5	+)							C.	+	+		
12 17. FATHER'S NAME (First, M	tidella 1 **			P.	Lumbe	: C			LIEB IS	ME (First, Midd	ontra			
		Cm												
Wilford J.		or.		Τ,-		ADDES	0.40:			ret E.				
Programme Francis										Route Number,				011
Jackie I. L			Las					emetery, crer		oad, Be				OII
1 Neurial 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from Stata		other pl					matory or		1	Lin,		own, State
21. SIGNATURE OF FUNERA		CENSEE				7		AND ADDRE	SS OF FA	CILITY	1			
► CRank	E. W.	Hant	5			На	sti	lngs I	une	ral Ho	ne, S	Selby	vil	Le, DE
23. PART I. Enter the d						not anta	r tha n	noda of dy	ing, suc	h as cardiac	or reapi	ratory si	rest,	Approximate
shock, or h iMMEDIATE CAUSE (Fi		Liat only one ca	use on e	each iine										interval Between Onset end Death
disease or condition	nai -	o. Motov.	X at	TA	CIA	1. I. I.M	∧	240	(,0)	1 /200	A	A/	1000	
resulting in desth)		DUE TO	O (OR AS	A CONSE	DUENCE O	F):		1003	u		VVVV	1	1 30 11	
		h												
Sequentially list condit If any, leading to imme		DUE TO	O (OR AS	A CONSE	DUENCE O	F):								
ceuse. Enter UNDERLY CAUSE (Disease or inju		c												
that initieted events		DUE TO	OR AS	A CONSE	QUENCE O	F):								
reaulting in death) LAS		d												
PART II. Other significa	ant condition	ns contributing to	o daath l	but not	resulting	In the u	nderly	ing cause	alven in	Part I. 24	a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
							,				PERFOR	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
										— ¹	☐ YES 2	□ NO		OF DEATH?
										—				1 YES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL	1						DI ACT OF	DEATH C	book out:				-
EXAMINER?	WEUTCAL	HOSPITAL:				ОТНЕ	R:		,	heck only one)				
1 VES 2 NO		1 Inpetient 2		·	28b. TIA			INJURY AT	lesidence	8 Other (S		D HIPV A	CHIPED	
200	Pending		Day, Year)			JURY M	1	WORK?	□ NO	Zeg. DESCH	HUN 30H	NJUNT O	COMED	
2 Accident	Investigation	28a. PLACE	OE IN INC	V _ At 5:	me form				40	284 1 00471	ON (Steered	and Mumb	war Dur-	Route Number,
3 Suicide 8 4 Homicide	Could not be determined	building	g, atc. (Spe	ecify)	e, idfffi,	Judet, 18	ry, 01				lown, State)		, u nurëi	route ivaniza,
29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the beat of	of my know	wledge, de	ath occur	red at the	time. d	lata and place	e, and du	a to the cause	(a) and ma	nner sa st	ated.	
CONDON ONLY														(a) and menner as stated.
296. SIGNATURE AND TITL	E OF CERTIFIE	R	^ ^ ^ ^					29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
1290	1000	D Y	YYY)				1	121	502		•	10/-	1/92
30. NAME AND ADDRESS	F PERSON WI	O COMPLETED CA	USE OF D	EATH (ITE	M 27) (Type	e, Print)			1	/			^ '	0
145 E.	CAM		24	,	JAL	156	yr	7 V	M)		10.	ienh	N.	(replie)
31. DATE FILED (Month, Day)	1992	32. REGISTE	RAR'S SIG	NATURE	7.00			/			,	,		

may be mained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the control of the first be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remains after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remains after death or liem 23 shows any injury, or other traumatic event, the medical examinar must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

80	46	
10	Š	٦
Ĕ	9 1	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after overhind the law requires that the death certificate be executed within 24 hours after overhind the law overhind the law requires that the death certificate be executed within 24 hours after overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overhind the law overh	ECTOR: After this certificate has been signed by the attending physician and completely filled in by	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remark
4	4	3
aff	3	E
5	5	Ξ
2	8	0
24	軍	50
Ē	Na V	nati
Ę	Set	ren
P	Ē	0
2	8	Tal.
36	8	夏
8	-	2
2	cia	10
ate	3	ā
inc.	6	9
Pu	9	ğ.
0	5	£
eat	atte	Tal
Ď	9	P
ĕ	n	P
Tat	5	a
S	Dec	듄
ë	Sign	Hea
90	5	5
>	2	÷
10	88	8
E S	0	<u>e</u>
5	cat	Sta
X	F	9
Sic	9	the contract of
ž	his	擊
9	16	4
N N	A	dea
N	œ	36
Ë	8	afte
A.	3	50

6

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMENT	F OF	EALTH DEA	AND I	MENTAL HYGIEN	_	6	31307
-	1. DECEDENT'S NAME (First		STE	S.				OYD		2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH 4:10 a M
	4. SOCIAL SECURITY NUMBER 219-14-53		5. SEX	6. AGE (In yrs. Is	ast birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10=21=19			HPLACE (State or Foreign try)
æ	9a. FACILITY NAME (# not in		reet and number)	1		9b. CITY	, TOWN (Cumi	on of De	ATH	9c. COU	NTY OF C	
2	RESIDENCE OF DEC	EDENT											
DIRECTOR	10a. STATE Mac.	106. COUNTY	legany		200	r, town							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 307 Al	Jegony	r St				101	ZIP COD	_		"		WHAT COUNTRY?
NS I	11. MARITAL STATUS	Tegany	12. WAS DECEDEN	NT EVER IN U.S. A	AMED	13.	WAS DEC	215	7	IIC ORIGIN? (Specify Ye		S.A.	E — American Indian.
BY	1 Never Married 2013 3 Widowed 4 Divo		FORCES?	MAR OR DATES	NO	- 1 2	If yes, sp	2 NO	n, Mexica	n, Puerto Rican, etc.)			ik, White, etc.
百		EDENT'S EOU		16a. O	ECEDENT'S Give kind of to. Do NOT u	USUAL O	CCUPATIO	ON st of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	772.20
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	-	acher				Count	y Sch	ools	5
BE COI	17. FATHER'S NAME (First, M William	,,	nnon							ME (First, Middle, Meiden 1. Roach	Surname)		
10 8	19a. INFORMANT'S NAME (1				nd Numbe	or Rural I	Route Number, City or Tox			
	Arthur M.			005 01 405	307				, F	rostburg,	Md.		
	20a. METHOD OF DISPOSIT 14. Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval from State	cemetery, cr	tour g	ther place!			delc.	10/26 Fr			
	21. SIGNATUMENOF FUHERA	L SERVICE LIC	Horn			22.	NAME A	ID ADDRE	SS OF FA	al Home, Fr			
	23. PAST I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	a	CO/E	leath. Do	2	the mo	de of dy	ing, suc	h as cardiac or resp	iratory an	reat,	Approximate interval Between Onset and Death
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate NG		APR AS A CONSE	11)		<i>=</i> /	71,	R TA				
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	EQUENCE O	ค):							
MEDICAL	PART II. Other eignifica	nt condition	s contributing to		resulting PVC	in the ur	nderlying 7	g cause	given in	Part i. 24a. WAS AN PERFOI		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
PHYSICIAN:	25. WIS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)			
HYS	1 YES THO		1 Mepatient 2		3 DOA 28b. TIN	4 🗆 Nur			esidence	8 Other (Specify) 28d, DESCRIBE HOW	N HIMY OC	CURED	
BY P	1 Natural 5	Pending Investigation	(Month, L		IN.	JURY M	WO	RK?	ND	200. DESCRIBE NOW	NJOHT OC	CORED	
ED	3 Suicide 8	Could not be	28e. PLACE (building,	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	lory, offic	•		281. LOCATION (Street City or Town, State)		or Rural	Route Number,
COMPLET										to the cause(e) and ma			e) end menner ee stated,
BE C	290. SIGHATURE AND TITLE	OF CERTIFIER	1					29c. LJC	EHSE NUN	IBER	29d, DAT	E SIGNE	O (Month, Ony, Year)
10 8	- rees	11/	lan					D	187	69	10	10	8/92
-	Dr. ian		zer-4th I				neni	ta1_4	"umb	erland, MD	21	502	
	31. DATE FILED (Month, Day,	Ybar)	32. REGISTR	AR'S SIGNATURE			PAT	LaI-	oumb(errand, MD	21.	JUZ	
	Oct 30	1992	Jalia	Sinden	fordal	1							

his Danders Kudalla

- 7

• •

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CE	:RTIF	CATE O	F DEATH	REG. NO).		
2	1. DECEDENT'S NAME (FIRST MABR		MARTIN	/				2. DATE OF DEATH	NY 19	YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 447-32-1		5. SEX 6. / 1 M 2 XF	NGE (In yrs. les		IF UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Year) NOV.8,1	9 <i>11</i>	8. BIRTHPI Country)	LACE (State or Foreign
_	9a. FACILITY NAME (If not in	nstitution, give s	·			9b. CITY, TOW	N OR LOCATION OF E		-	INTY OF OEA	
DIRECTOR	HOLY CRO		OSPITAL			SI	LVER SPE	RING	MC	NTGO	MERY
E E	MD .	10b. COUNT				TOWN OR LO					IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		TGOMERY			BETHE	10f. ZIP CODE		10g. CIT		IX YES 2 ☐ NO
FUNERAL		HITMA					20817			U.S.	A.
à l	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 XIN	MED IO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fly:	s or No-	14. RACE Black, Specify:	- American Indian, white, etc.
ETED	(Specify on	CEDENT'S EDU ly highest grade	completed)	(G/	CEDENT'S L	JSUAL OCCUPA ork done during	TION most of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)			AKER		A	т н	OME	
COMPL	17. FATHER'S NAME (First, A					_	18. MOTHER'S N	AME (First, Middle, Maider	Sumame)		
BE	WILLIA 19a. INFORMANT'S NAME (ELSON SI	RODE	MAILING	ADDRESS (Stra	SAF	AH MEDO		SISK	
2	OSCAR		MARTIN JR		SAMI		ITEM	#10	rn, Steru, Zi	o code)	
	20e. METHOD OF DISPOSIT 1		oval from State			FDISPOSITION OF PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	Name of	DATE 20c. LO		City or Town	n, State LE, MD.
	21. SIGNATURE OF FUNERA	AL SERVICE LI	Mensee	Q _{MOC}	091		W. CHAM	S BERS CO.			RING,MD. 20910
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fid disease or condition resulting in death)	eart fallure.	a. Ocub	on each line.	um	Dua		ch as cardiac or resp	iratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Ury	£	AS A CONSEG							
- 1	PART II. Other significa	ant condition	a contribution to dea	th but not n	enulting is	the underly	ina causa atuan ia	Part I. 24s. WAS AN	ALL PRODUCTS	Lance	VERE AUTOPSY FINDINGS
N: MEDICAL	_ Circu	evel	este Or			als.	Doen	PERFO	RMED?	1 8	HILABLE PRIOR TO COMPLETION OF CAUSE IF DEATH? YES 2 NO
S	25. WAS CASE REFERRED 7 EXAMINER?	O MEDICAL	HOSPITALT	0.111.000.14.4		OTHER:	PLACE OF DEATH (C	heck only one)			
PHYSICIAN: M	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending	1 Tripetient 2 □ ERU 28s. DATE OF INJU /Month, Day, Is	HTY		4 Mursing H	ome 5 C Residence NJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OC	CURKO	
ED BY	2 Accident 3 Suicide 6	Investigation Could not be determined	28e. PLACE OF IN- building, etc.	IURY — At hor Specify)	ne, farm, st		YES 2 NO	281, LOCATION (Street City or Yewn, State	and Number	r or Plumi Plac	de Number,
١						Torrest Service	satisfie a fee tree to except			217	
COMPLETED	(Check over 1 CEH one) 2 MED	ICAL EXAMINE	CIAN: To the best of my in	ngfon and/or i	nventigation	f at the time, d	rte and place, and du , death occured at the	s to the cause(s) and ma s time, date and place, a	nner as star ad due to th	led. he cause(s) s	ind manner as stated.
#	296. SIGNATURE AND TITLE	4 2	Leu	la			20c. LICEMSE NU	14	≥/C	SOF	Aonen, Day, Hear)
	30. NAME AND ADDRESS OM YRON	F PERSON WH	COMPLETED CAUSE OF	F DEATH (ITEN	27) (Type,	909	SHORE TON	EIEZO 1	0/	1	
	31. DATE FILED (Month, Day, NOV 01 9	Year)	Paz REGIOTRANIS	SIGNATURE	SE.			: 4 = 7			

60
0
68760
~
-
0
9
$\overline{}$
0
\simeq
BOX
0
0
م
4
95
S
RECORDS
CC
=
\circ
()
$\tilde{\mathbf{H}}$
ш
CC
1
7
Q.
-
-
-
-
L
OF
O
_
×
~

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by I	be filed within 72 hours after death with the State Dept. of Health and	

	1 - REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	-	
	1. DECEDENT'S NAME (First, Middle, Last)	B. MURPH	V	2. DATE OF DEATH		3. TIME OF DEATH
	ICOUR MIRROLL	, D. MUKEN	.1	MONTH D	YEAR	9,2000
	4. SOCIAL SECURITY NUMBER 5, SEX 8, AC	GE (In yrs. lest birthday) IF	UNDER 1 YEAR IF UNDER 24 HR	7. DATE OF BIRTH	999	THPLACE (State or Foreign
		MO	NTHS DAYS HOURS MIN	(Month, Day, Year)	Cou	ntry)
	377 07-1017 A	00			1912 TE	
-	9a. FACILITY NAME (If not institution, give street and number)	. 98	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH
١٥	GREATER LAUREL-BELTSVILLE H	OSPITAL	LAUREL		PRINCE	GEORGES
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	T to- OFFY T	OWN OR LOCATION			
2						10d. INSIDE CITY LIMITS?
٥	MARYLAND PRINCE GEORG	ES BEL	TSVILLE			1 YES 2 NO
ERAL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
i ii	11200 EVANS TRAIL #T-2		20705		USA	
E N	11. MARITAL STATUS 12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DECENDENT OF HIS		or No- 14. RA	CE - American Indian, ack, White, etc.
BY F	IF YES, GIVE WAR OF		If yes, specify Cuben, Me: 1 YES 2 NO Sp			ocity:
	3 Wildowed 4 Divorced		1 2	_ \		WHITE
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USI	JAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
[4]	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use re	tired.)			
기 를	12	TELEPHONE	OPERATOR	ANSWER	ING SERV	VICE
once. COMPLET	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maiden	Surname)	
H H	HARRY JAMES RESLEY		BESS	IE	BELL	
2 0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Ru	ral Route Number City or Tow		
examiner must be notified at once. TO BE COM	ROBERT L. MURPHY		A GARDEN CIRC			20904 _{MD}
8		20b. PLACE AND DATE OF C			CATION — City or	
15	THE DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	cemetery, crematory or other	place)	1		
10	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	METROPOLIT	AN CREMATORY	10/29 ALE	XANDRIA	, VA
盲	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1	FRANCIS J. (RAT. HOM	TNC
	Steven D. Tary	d	500 UNIVERSI			
medicai	23. PART I. Enter the diseases, or complications that cau	sed the death. Do not	enter the mode of dving,	uch as cardiac or resp	ratory arrest.	Approximate
E	shock, or heart failure. List only one cause of	n each line.				Interval Between
\$	IMMEDIATE CAUSE (Final disease or condition	Lie Do		Virtue:		Onset and Death
	resulting in death)	S A CONSEQUENCE OF):	OMPCHSDIT	ON.		Inour
or other traumatic event, ERTIFICATION	Dulia	O A A A A	The Hon	e		21/10
	Sequentially list conditions,	S A CONSEQUENCE OF:	Laisavirco	464		5645
P F	If any, leeding to immediate cause. Enter UNDERLYING			/		401.2
취임	CAUSE (Disease or Injury	S A CONSEQUENCE OF:				1040S
to E	that initiated events resulting in death) LAST	12 /-1/11/	bout 1	nation	40	j
	Ca Colloca	ic symp	mocy ine i	e cucuit	<i>7</i>	
3	PART II. Other algolficant conditions contributing to deat	h but not resulting in t	he underlying cause given	In Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS
any inj				PERFOR	N .	MAILABLE PRIOR TO COMPLETION OF CAUSE
E S				1 🗆 YES 2	S NAMO	OF DEATH?
shows:				—	1	I TYES 2 NO
S A	25. WAS CASE REFERRED TO MEDICAL					
SICI/	EXAMINER? HQSPITAL:	O	26. PLACE OF DEATH	(Check only one)		
HYS HYS	1 YES 2 TNO 1 Inpatient 2 ER/C		Nursing Home 5 - Residen	e 6 Other (Specify)		
	27. MANNER OF DEATH 28a. DATE OF INJUS (Month, Day, Yea			28d. DESCRIBE HOW I	NJURY OCCURED	
marked, BY PH	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO			
<u></u> □ 0	building, etc. (5	JRY — At home, ferm, stree	it, factory, office	261. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
22	4 Homicide determined	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Only or Jown, State)		
PLE	29e. CERTIFIER (Check and 1 CERTIFYING PHYSICIAN: To the best of my kr	nowledge death occurred a	t the time data and place and	tue to the source(s) and ma		
H H	Ones of the basis of examine	ition and/or investigation. I	n my coloing, death occured at	the time data and alone as	other as stated.	(A) and minutes at the d
O BE COM	#/# // //				uue to tne caus	r(e) and marker 22 Stated.
B B	296/GOOGHURE MY TITLE OF CHITMEN		29c, LICENSE	NUMBER	29d. DATE SIGN	(Month, Gay, Year)
1 P	WALLEY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART		1000	34	10/	28142
-	16. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri		,)	0	(
	LITOMOS N. BENSINGBA	41) 7525	- 6100 way	CVA. Dr.	(010PM	be(/MI)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI		1			20>>0
	ACT 30 92 Julia Vevid	an Broke 12				,,0
	, , , , , ,					DHMH-16 Rev 1/89

60612 20

135/11

NOV 01 '92

1		FOR	STATE OF MARY	LAND / DEPAR	RTMENT OF I	FAITH AND	MENTAL		72	31910
Z	6	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	2. DATE O	REG. NO.	YEAR	3. TIME OF DEATH
3	-	Thomas	Jerome	McDonoug	h			ber 28,		
5		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRT	THPLACE (State or Foreign intry)
005		143-14-0736	1 🔀 M 2 🗆 F	70 YRS.	MONTHS DAYS	HOURS MIN.		5,1922		w Jersev
		9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D			OUNTY OF	
1.1	O.	Suburban Hospital			Ве	thesda			Mon	tgomery
200	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT								
3	<i>(</i> ЫРЕСТОЯ	Maryland Mon	tgomery	100. (31	Bethes	da				10d. INSIDE CITY LIMITS? 1 YES 2 NO
8 30	ERAL	10e. STREET AND NUMBER	7		10	f. ZIP CODE		10g. (CITIZEN OF	WHAT COUNTRY?
an.	N.	6214 Stoneham Roa				20817				d States
020 physician. burial-trar	FUN	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 X YES	2 NO	13. WAS DEC	CENDENT OF HISPAI	NIC ORIGIN?	(Specify Yes or No-	- 14. RA	CE — American Indian, ack, White, etc.
De prince pa	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES WW II	1 TYES	2 X NO Specifi		,	Spe	White
attending	ED	15. DECEDENT'S EDU	CATION		USUAL OCCUPATE	011	405.16	NO OF BUILDING		
2 Page 22	ETE	(Specify only highest grade	completed)	(Give kind of a	work done during me	ost of working	160. K	INO OF BUSINESS/	INDUSTRY	
ND 2. hospital o	7	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		ical Eng	ineer	11.	S. Gover	nmont	-
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		DIGGET.	rear birg			die, Maiden Surname		L
YLA by the be det	-	William McDonough						netria M		
TARY stained b should I	BE	19a. INFORMANT'S NAME (Type/Print)		105 848 840	1000500 (Cm-1					
5 5 5	5	Doris Richards McI	Donough			Road Be				20817
TORE, e 6 may be ector, page must be		20s. METHOD OE DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from State 20	mb. PLACE AND DATE of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	OF DISPOSITION /N	ame of	DATE	20c. LOCATION	— City or	Town, State
Age direc	0.4	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Montgome						Maryland
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		· Well ET	0	00672	Home/ Wisco	Bethesda nsin Ave	-Chevinue, i	Chase Bethesda	Pumph Inc. Mar	rey Funeral ryland 20814-
y filled in by stion, or remo		23. PART I. Enter the diseasea, or o shock, or heart failure. IMMEDIATE CAUSE (Final	complications that cause List only one cause on	ed the death. Do reach line.	not enter the mo	ode of dying, suc	h as cerdis	c or respiratory	arrest,	Approximate interval Between
O de de E		disease or condition resulting in death)	Cardy	myor	atle	tochen	ric			Syst
DX 687 or clan and corrior to burial, raumatic ev	ATION	resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	Cull	tochem tovasa	las	Reser	ape	8yss
certificate be executed ding physician and correlygiene prior to burial, other traumatic ex	RTIFICATION	resulting in death) Sequentially list conditions,	a CMC	A CONSEQUENCE OF	Helle	tochen tovasa t Fac	nic las	Resci	ase	8yss
, P.O. BOX 6876 eath certificate be executed attending physician and corn ntal Hygiene prior to burial, y, or other traumatic ev	CERTIFICATION	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A)S	A CONSEQUENCE OF	Helle	tochen Lovasa † For	las las	2		8yss
ADS, P.O. BOX 6870 it the death certificate be executed by the attending physician and corning Mental Hygiene prior to burial, in Jury, or other traumatic ex	CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR A)S	A CONSEQUENCE OF	Helle	Jovasa france	lay ber	Reserve		4b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO
OMDS, P.O. BOX 6876 in that the death certificate be executed ned by the attending physician and comitin and Mental Hygiene prior to burial, any injury, or other traumatic ex	CERTIFI	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A)S	A CONSEQUENCE OF	Helle	Jovasa For		4a. WAS AN AUTONY	Av 24	4b. WERE AUTOPSY FINDINGS
COMDS, P.O. BOX 6876 into the death certificate be executed signed by the attending physician and correlatin and Mernal Hygiene prior to burial, we any injury, or other traumatic ex	MEDICAL CERTIFI	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A)S	A CONSEQUENCE OF	Helle	tovasa f Fac g cause given in		4a. WAS AN ALITONY PERFORMED	Av 24	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE
RECORDS, P.O. BOX 6870 v requires that the death certificate be executed been signed by the attending physician and correct to the Health and Mental Hygiene prior to burial, shows any injury, or other traumatic ex	MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A)S	A CONSEQUENCE OF	Helle	tovasu For g cause given in		4a. WAS AN ALITONY PERFORMED	Av 24	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAL RECORDS, P.O. BOX 6870 The law requires that the death certificate be executed to has been signed by the attending physician and cornate best, of Health and Mental Hygiene prior to burial, em 23 shows any injury, or other traumatic ex	MEDICAL CERTIFI	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	A CONSEQUENCE OF	Helle in the underlyin	doctorial for the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the format of the forethe format of the format of the format of the format of the form		4a. WAS AN ALITONY PERFORMED	Av 24	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAL RECORDS, P.O. BOX 6870 The law requires that the death certificate be executed to has been signed by the attending physician and cornate best, of Health and Mental Hygiene prior to burial, em 23 shows any injury, or other traumatic ex	MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	c. DUE TO (OR A)S	A CONSEQUENCE OF	in the underlyin		eck only one)	4a. WAS AN AUTOMOPPERFORMEDY VES 2 NO	Av 24	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL RECORDS, P.O. BOX 6876 PHYSICIAN: The law requires that the death certificate be executed this certificate has been signed by the attending physician and corn with the State Dept. of Health and Mental Hygiene prior to burial, inked, or Item 23 shows any injury, or other traumatic ex	PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OP DEATH 1 Westural 5 Pending	DUE TO (OR AS	but not resulting	26. Pr OTHER: 4 Unurshing Hon IE OF 28c. IN. WK	LACE OF DEATH (Ch	eck only one) 8 - Other (4a. WAS AN AUTOMOPPERFORMEDY VES 2 NO	24	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N OF VITAL RECORDS, P.O. BOX 6876 OF PYSICIAN: The law requires that the death certificate be executed en this certificate has been signed by the attending physician and correst with the State Dept. of Health and Mental Hygiene prior to burial, narked, or Itlem 23 shows any injury, or other traumatic experted,	BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OP DEATH 1 1 10 10 10 10 10 10 10 10	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inperient 2 (Mentour (Month, Day, Year)	but not resulting	26. Pri OTHER: 4 Nursing Hon RE OF LINRY M 1	LACE OF DEATH (Ch	s Other (:	4a. WAS AN AUTOM PERFORMED VES 2 M NO Specify) RIBE HOW INJURY	OCCURED	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TSION OF VITAL RECORDS, P.O. BOX 6870 ATTENDING PHYSICIAN: The law requires that the death certificate be executed CTOR. After this certificate has been signed by the attending physician and corrafter death with the State Dept. of Health and Mental Hygiene prior to burial, after death with the State Dept. of Health and Mental Hygiene prior to burial, as is marked, or Itlem 23 shows any injury, or other traumatic expenses.	TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 100 27. MANNER O DEATH 1 2 Metural 5 Pending	DUE TO (OR AS d. s contributing to death HOSPITAL: 1 Inpetient 2 Markout	but not resulting	26. Pri OTHER: 4 Nursing Hon RE OF LINRY M 1	LACE OF DEATH (Ch	8 Other (: 28d, DESCI	4a. WAS AN AUTOMORPERPORMEDY PERPORMEDY VES 2 NO	OCCURED	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 6876 DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed DIRECTOR. After this certificate has been signed by the attending physician and cornours after death with the State Dept. of Health and Mental Hygiene prior to burial, tem 28 is marked, or Item 23 shows any injury, or other traumatic ex	ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OP DEATH 1 Medicial 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inpetient 2 (Ment/Dusy (Month, Dusy, Year) 28s. PLACE OF INJURY building, etc. (Sp.)	but not resulting to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	26. Pi OTHER: 4 Nursing Hon IEOF 28c. IN. IURY M 1 street, factory, office	LACE OF DEATH (Ch. 10 5 Residence 10 IVINY AT 10 IVINY AT 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 IVINY 10 I	8 Other (: 28d. DESCI 28f. LOCAT City or	4a. WAS AN AUTOMPERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED PERFORMED	OCCURED	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VAL DIRECTOR: After this certificate has been signed by the attending physician and corn? To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, If item 28 is marked, or Item 23 shows any injury, or other traumatic ex	ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OP DEATH 1 Westural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only)	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inpetient 2 (Feb/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp.	but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resu	26. Pl OTHER: 4 Nursing Hon IEOF 28c. IN. WX 1 street, factory, office	LACE OF DEATH (Ch. no 5 Residence URRY AT PIKY? YES 2 NO	eck only one) 8 Other (: 28d. DESCI City or	4a. WAS AN AUTOMPERFORMED PERFORMED PERFORMED VES 2 NO Specify) NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NIBE HOW INJURY (NI	OCCURED stated.	Ab. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VAL DIRECTOR: After this certificate has been signed by the attending physician and corn? To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, If item 28 is marked, or Item 23 shows any injury, or other traumatic ex	COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OP DEATH 1 Westural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inpetient 2 MER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp.	but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resu	26. Pl OTHER: 4 Nursing Hon IEOF 28c. IN. WX 1 street, factory, office	LACE OF DEATH (Chine 5 Residence IURY AT JAK? YES 2 NO	eck only one) 8 Other (c) 28d, DESCI 28f. LOCAT City or	4a. WAS AN AUTOMPERFORMED PERFORMED VES 2 NO Specify) HIBE HOW INJURY (ON (Street and Num Town, State) (a) and manner as and place, and due to	OCCURED occurrence stated, the cause	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 6870 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cornitied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, PORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic expenses.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OP DEATH 1 Westural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only)	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inpetient 2 MER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp.	but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resu	26. Pl OTHER: 4 Nursing Hon IEOF 28c. IN. WX 1 street, factory, office	LACE OF DEATH (Ch. no 5 Residence URRY AT PIKY? YES 2 NO no e	eck only one) 8 Other (c) 28d, DESCI 28f. LOCAT City or	4a. WAS AN AUTOMPERFORMED PERFORMED VES 2 NO Specify) HIBE HOW INJURY (ON (Street and Num Town, State) (a) and manner as and place, and due to	OCCURED occurrence stated, the cause	Ab. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 6876 DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed DIRECTOR. After this certificate has been signed by the attending physician and cornours after death with the State Dept. of Health and Mental Hygiene prior to burial, tem 28 is marked, or Item 23 shows any injury, or other traumatic ex	COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OP DEATH 1 Westural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inpetient 2 (M-EN/OU) 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp.) CIAN: To the best of my knor R: On the basis of sxamineth	but not resulting in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	26. Pi OTHER: 4 Nursing Hon IE OF 28c. IN. IURY M 1 Instreet, factory, office and at the time, date on, in my opinion, of	LACE OF DEATH (Chine 5 Residence IURY AT JAK? YES 2 NO	eck only one) 8 Other (c) 28d, DESCI 28f. LOCAT City or	4a. WAS AN AUTOMPERFORMED PERFORMED VES 2 NO Specify) HIBE HOW INJURY (ON (Street and Num Town, State) (a) and manner as and place, and due to	OCCURED occurrence stated, the cause	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 6870 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cornitied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, PORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic expenses.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	DUE TO (OR AS d. B contributing to deeth HOSPITAL: 1 Inpetient 2 (M-EN/OU) 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp.) CIAN: To the best of my knor R: On the basis of sxamineth	but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resu	26. Pi OTHER: 4 Nursing Hon IE OF 28c. IN. IURY M 1 Instreet, factory, office and at the time, date on, in my opinion, of	LACE OF DEATH (Chine 5 Residence IURY AT JAK? YES 2 NO	eck only one) 8 Other (c) 28d, DESCI 28f. LOCAT City or	4a. WAS AN AUTOMPERFORMED PERFORMED VES 2 NO Specify) HIBE HOW INJURY (ON (Street and Num Town, State) (a) and manner as and place, and due to	OCCURED occurrence stated, the cause	4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

(4)

1. DECEDENT'S NAME (First, Middle, Last)

Jose

2. DATE OF DEATH 1 DAY 25 DAY

92-6097-031 FOR 1 - STATE REGISTRAR

Juan

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Mejia

	92)	3	1	9	1	1			
19	A	м								
e. BIRTNPLACE (State or Foreign Country) El Salvador										
COUNTY OF DEATN										
Montgomery										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	4. SOCIAL SECURITY NUMBER		5. SEX	B. AGE (In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTN (Month, Day, Year)			BIRTNPLACE (State or Foreign Country)			
	Unobtainab		1 XM 2 F	Λ 22				2-1-1970			El Salvador			
~	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEA							
DIRECTOR	8630 Fenton Street					Sı	Lver	Sp	rın	ā		MOI	ntgom	ery
32	10a. STATE	10b. COUNTY	Y		10c, CIT	Y, TOWN C	OR LOCAT	ION					100	I. INSIDE CITY
ā	Maryland	Princ	e George	S	Si1	ver	Spri	ng					1 }	LIMITS?
¥	10e. STREET AND NUMBER							ZIP COD	E			10g. CITI	ZEN OF WHAT	COUNTRY?
FUNERAL	8500 New H	ampshi		Apt#				2090)3			E1	Salvac	lor
	11. MARITAL STATUS 1 Never Married 2	Married		YES 2	ARMED ∐NO		If yes, spe	cify Cubi	n, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE — . Black, Wi	American Indian, hita, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES				2 □ No 1Vad					Specify:	Vhite
COMPLETED	15. DECI (Specify only	EDENT'S EDU	CATION completed)	117	DECEDENT'S (Give kind of a	USUAL O	CCUPATIC during mos	N .			. KIND OF BUS	INESS/IND		
7.6	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	We. Do NOT us	e retired.)					4 D.C. C.			
MC	4 17. FATHER'S NAME (First, Mi	ddla Last)	0		Constr	ucti	on w			ME (Flori	ABU UO		uction	n Company
Ö	Juan A		а					io. mor			Rivera			
) BE	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	S (Street a	nd Number					Code) AT	ot# 504
2	Jose Rodri	go Riv	era								erSprin		_	
	20a. METHOD OF DISPOSITI		oval from State		E AND DATE			me of		OAT	7E 20c. LOC	CATION —	City or Town,	State
	4 ☐ Donation 5 ☐ Other				Salv	ador	•				3 -9 2 E	Il Sa	1vado1	
- 1	21. SIGNATURE OF FURNISH	SERVICE U.C	2/					/Rin			neral H	Iome	2090)4
	1/1). /	We											ring,M.D.
	23. PART I. Enter the di shock, or he	seeses, or coart failure.	complications the List only one car	it caused the duse on each life	death. Do r ne.	ot enter	the mo	de of dy	ing, suc	h as can	diac or respin	ratory arr	est,	Approximate interval Between
•											Onset and Death			
l	resulting in death)	→		OT WOU			nes	5 L						
z			b.											
ST	Sequentially list conditi- if any, leading to immed	liate	DUE TO	(OR AS A CONS	EQUENCE O	F):								
FIC.	CAUSE (Disease or injustrat initiated events		c. DUE TO	(OR AS A CONS	EQUENCE O	n.								
F	resulting in death) LAS	r	4		A STORES	,							j	
S	PART II Other elcolition	at condition	u.	doubt but										
CIAN: MEDICAL CERTIFICATION	PART II. Other eignification	nt condition	e contributing to	death but not	t resulting	n the un	nderlying	cause (given in	Part I.	24a. WAS AN A PERFOR	MED?	AM	RE AUTOPSY FINDINGS
										-	1 TYES 2	□ NO	OF	MPLETION OF CAUSE DEATH?
Σ										-			1x	YES 2 NO
NA I	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only o	ne)	_		
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 DOA	OTHER	R: sing Hom	5 □ Re	esidence	6 Xom	or (Specify) O I	n St	reet	
PHYSIC	27. MANNER OF DEATN		28e. DATE Of (Month, L		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DE	SCRIBE NOW IN	LJURY OCC	URED	
B		Pending nvestigation		5/92	1:3		1 🗌 Y	ES 2X	NO P		bject			
		Could not be	28e. PLACE (building,	of INJURY At 1 etc. (Specify)						28f. LOC City	or Town, State)	8630	Fen	ton St.
	29e. CERTIFIER	2412 [1112]			ıblic					Si	lver	Spr:	ing.	Maryland
COMPLETED	(Check only		R: On the basis of e											d manner on Mated
	29b. SIGNATURE AND TITLE						1		ENSE NUA	_	T and proce, and			
BE	World to	D. 11	100									290. DATE	E SIGNED (Mo	
O.C.M.E. 10/26/1992 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)										1	0/26/			
· II									The second					1992
	Margarita	Kore					eet,		The second		e, Mai			
		Kore	11 M.D.		Penn		eet		The second		e, Mai			1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE (OF DE	EATH		REG. NO			
Ş	TOWN YEAR									3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	GE (In yrs. last	67-46-4- A	IF UNDER 1 Y					5, 19		2:55 M	
	218-38-6888	1 M 2 □ F	84	YRS.		NYS HOL	JNDER 24 HRS. JRS MIN.	OCT	th, Day Year)	1909		HPLACE (State or Foreign CYLAND
_	9a. FACILITY NAME (If not institution, give st	reet and number)	#1104		9b. CITY, TO	WN OR LO	CATION OF DE	EATH		9c. COUR	TY OF E	DEATH
DIRECTOR	1121 UNIVER	SITY BOULE	VARD W	EST	SII	VER	SPRING	3		MO	NTGO	MERY
E C	10a. STATE 10b. COUNTY	,		10c. CITY	, TOWN OR L	OCATION		-			-	10d, INSIDE CITY
	MARYLAND M	ONTGOMERY			SILVE	R SI	PRING					LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1121 UNIVERSITY	BOULEVARD	WEST,	#11	04	10f. ZIP	2090	02	-	10g. CITI USA		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR O		MED O	If ye	s, specify	ENT OF HISPAN Cuban, Mexica (NO Specify	in, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. //y: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OCCU		undring	16	b. KINO OF BU	SINESS/IND	USTRY	***************************************
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	g most or i	working					
MP	8		TIL	ESET	TER				TILE			
	17. FATHER'S NAME (First, Middle, Last) CESARE	MORISI						ME (First,	Middle, Malden		7 O m	
BE	19a. INFORMANT'S NAME (Type/Print)	FIORISI	196	MAILING	ADDRESS (S)		IARIA	Gourte Alum	nber, City or Tow	ZANEL		-
2	JOSEPH L. MORIS	I	- 1				BLVD.					20902 SPRING, MD
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Remo	and out the	20b. PLACE A	ND DATE C	F DISPOSITIO			DAT		CATION —		
	4 Donation 5 Other (Specify)	Wall from State	METRO	POLI	her place) TAN CI	EMATO	RY	10/	29 ALE	XANDR	TA.	VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	Doll			FRAI	ICIS	J. COI	CILITY LLIN:	S FUNE	RAL H	OME.	
	23. PART i. Enter the diseases, or c	omplications that car	used the dea	th. Do n								Approximate
	shock, or heart failure. If iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	dio	-	Q	n	en (Interval Between Onset and Death
z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEDUENCE OF): CAUSE CAUSE CAUSE COULD CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTR											
일	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):											
	CAUSE (Disease or injury	DUE TO OR	AS A CONSED	MIENCE OF		-0	ne	9-	-			
CERTIFICATION	that initiated events resulting in death) LAST		A ODNOLD	OLINOL OF	,-							
	BART II Other cloudless on distant				1000 000							
EDICAL	PART II. Other significent conditions	e contributing to dea	th but not re	suiting i	n the under	tying cau	ise given in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
		-						_	1 [] YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
X								_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE	OF DEATH (Chi	eck only o	ne)			
S	EXAMINER?	HOSPITAL:	Outpatient 3	□ DOA	OTHER:		☐ Residence					
主	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		28b. TIME	OF 280	WORK?			SCRIBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 10					2 🗌 NO					
0	3 Suicide 8 Could not be determined	26e. PLACE OF INJ building, etc.	JURY — Al home, farm, street, factory, office (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
빌	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my l	nowledge, dea	th occurre	d at the time	date and a	place, and due	to the ce	use(s) and mar	ones no etet		
COMPLETE	one) 2 MEDICAL EXAMINE											a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	1 Cho	ens	M	1)	29c	LICENSE NUM	BER	7	29d. DATE	SIGNED	(Month, Day, Year)
< II	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon											
	30. NAME AND ADDRESS OF PERSON WHO COBE 31. DATE FILED (Month, Day, Year)		RAUTO		Print)	10	3/3	Geo	you a	ul	Sic	158600

DHMH-16 Rev 1/89

		FUR
1	_	STATE
	-	REGISTRAR

STATE OF MARYLAND / DEDARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OTHE OF MIN	CERT			DEATH	REG. N				
	1. DECEDENT'S NAME (First, Middle, L	Clarence	44	r			2. DATE OF DEATH	n.w.	9 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthde			IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign	
	171-24-5353 Sa. FACILITY NAME (If not institution, g	1 € M 2 □ F	75 YRS		DAYS	HOURS MIN.	9-28-191			MD.	
DIRECTOR	Frederick Memo	orial Hospit	al		ede	rick	ATH		ederi		
REC	10a. STATE 10b. CO	UNTY	10c.	CITY, TOWN C	OR LOCAT	ION				10d. INSIDE CITY	
	MD.	Frederick		Thurmo						KA YES 2 NO	
FUNERAL	100. STREET AND NUMBER 23 Altamont A	Avenue			10f.	21788		USA		IAT COUNTRY?	
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 YNO	1	If yes, spe		IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	es or No—	14. RACE Black, Specify	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)			of work done (I' use retired.)	during mo:	st of working	16b. KIND OF B			a R. la coma	
OME	17. FATHER'S NAME (First, Middle, Last)	nanay	handyman/maintenance furniture/funeral home 18. MOTHER'S NAME (First, Middle, Maidden Surname)							
BE C	William Mur	ray Miller				THE CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	a Baumgari				
6	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or To				
	Eleanor Miller 20g. METHOD OF DISPOSITION			23 Altamont Avenue, Thurmont, Md. 21788 Ob. PLACE AND DATE 20c. LOCATION - City of Town, State							
	1 Densition 5 Other (Specify)	Removal from State	gemetery, crematory, Blue Rid	or other place) Ge Cen	nete	ry 10-	14-92 TI				
	21. SIGNATURE OF FUNERAL SERVICE	00	umer	22. S7	NAME AN	PER FUNE		P.O.			
	23. PART i. Enter the diseases,	or complications that c	used the death. D						rrest,	Approximata	
	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
TION	Sequentially list conditions, If any, leading to immediate Chronic Repatities 3 Due to (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
C	PART ii. Other significant cond	Itions contributing to de	ath but not resulting	g in the un	deriying	cause given in	Part I. 24a. WAS A	N AUTOPSY	246.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AU PERFORME 1 YES 2							PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ä	25. WAS CASE REFERRED TO MEDICA					-					
SICI	EXAMINER?	HOSPITAL:	3/Outpatient 3 🗆 DO/	26. PLACE OF DEATH (Ch OTHER: Detient 3 DOA 4 Nursing Home 5 Residence							
Ä	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	URY 28b.	TIME OF	28c. INJI	JRY AT	28d. DESCRIBE HOW	INJURY O	CCURED		
BY	1 Netural 5 Pending 2 Accident Investigat	lon		М	1 🗆 Y	ES 2 NO					
	3 Suicide 6 Could not 4 Homicide datermine	IJURY — At home, fam . (Specify)	IURY — At home, farm, street, factory, office Specify)				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		HYSICIAN: To the best of my MINER: On the besis of exam								and manner as stated.	
BEC	296. SIGNATURE AND TITLE OF CERT	IFIER	7 .			29c. LICENSE NUM		29d. DA	TE SIGNED (Mohth, Day, Year)	
2	Carner B. H	unand	MB			3400	32	•	10/11	192	
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUGE	DEATH (ITEM 27) (7)	/pe, Print)							
	31. DATE FILED (Month, Day, Year)	92 February	SIGNATURE CONTRACTOR	•		<u>.</u>					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

40.5

שלה והסור, שלה בלות	hours after death. Page 6 may be retained by the hosp	led in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ESTHER MO	ORAN		2. DATE OF DEATMONTH	TH DAY 12	YEAR 92	9:40 Am	
	163-38-8007	5. SEX 6. AGE (I	In yra. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Morth, Day, Ye 2-26-1	H sar)	8. BIRTHPL Country)	LACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give stra Frederick Memoria RESIDENCE OF DECEDENT			Freder	ick	EATH	1111111111	ederi	
L DIRECTOR	Maryland Frede		Fre	town on Local derick				,	Od. INSIDE CITY LIMITS? YES 2 NO
NERA	100. STREET AND NUMBER Sunris 990 Waterford Dri	ve			21701		1	U.S.A	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexics 2 X NO Specif	in, Puerto Rican, et	ly Yes or No— c.)	14. RACE Black, Specify:	- American Indian, white, etc. White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		life. Do NOT use	rk done during mo retired.)	ON st of working	16b. KIND O	F BUSINESS/IND	DUSTRY	
COM	12 vears 17. FATHER'S NAME (First, Middle, Lest) James Joseph Else		Homema	ker	16. MOTHER'S NA Annie H	ME (First, Middle, M ursh	eiden Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Charlotte A. Mora	n	196. MAILING A 904 Ca	poress (Street e	nd Number or Rural arkway F	noune Number City o	r Town, State, Zip	1701	
	20g METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remov 4 Donelion 5 Other (Specify)	ral from State 20b.	PLACE AND DATE OF etery, cremetory, or other in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	DISPOSITION (Na Cemeter		n – City or Town, State na, Pennsylvania			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Diles/	4	1201	NORTH MA	LEY & SC RKET ST.	FREDE	RICK	OMES, P.A. MD 21701
	23. PART I. Enter tile diseases, or cahock, or heart failure. (I IMMEDIATE CAUSE (Final disease or condition resulting in death)	C H	he deeth. Do not line.		da of dying, suc	h as cardisc or	respiratory arr	reat,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					P-11	'
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
DICAL	PART il. Other algnificant conditions	at not resulting in	tha underlying	cause given in	PE	AS AN AUTOPSY REFORMED?	A C	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?	
AN: ME	25. WAS CASE REFERRED TO MEDICAL			20.00	ACE OF DEATH (Ch			1	☐ YES 2 NO
SC	EXAMINER?	HOSPITAL:		THER:					
BY PHYSICIAN:	27. MANUSER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 26c. INJ		6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED			
	8 Could not be datermined	28e. PLACE OF INJURY building, etc. (Speci	ee1, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the basis of examination							nd manner ee stated.
TO BE	AUG TITLE OF CENTURES	<u> </u>			29c. LICENSE NUM	576	29d. DATE	E SIGNED (M	Vanth, bay, Year)
	Allen J. Gilson MD	1475 Taney	Avenue F	rederic	k, MD 21	701			
	0CT14 1992	32 REGISTRAR'S SIGNA	- Handell						

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)			CERTIFIC	7777		0.000	REG. NO			a Tues co
Par	uline	R.	MAI	ON		MONT	OF DEATH	DAY	YEAR 2	3. TIME OF DEATH
220-30-7501	1 🗆 M 2 💢 F	8. AGE (In yrs. 82		F UNDER 1 YEA		7. DATE	OF BIRTH	1910	Country	Maryland
Frederick Memo:	etreet and number) rial Hospi	ital	9	b. CITY, TOW	rederic	DEATH		9c. COUN		ath erick
STATE 106. COUNT										
	rederick		10c. CITY, 1	Fred	erick	LIMITS?			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
5945 Meadow Road			10f. ZIP CODE 2170)1		10g. CITIZ		U.S.A.		
MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	EVER IN U.S. YES 2 (R OR DATES	ARMED XNO	If yes.	DECENDENT OF NISP, specify Cuban, Maxie res 2 NO Spec	can, Puerto		es or No-		- American Indian, White, stc.	
15. DECEDENT'S EDU (Specify only highest grade Elementspy/Secondary (0-12)			DECEDENT'S US (Give kind of work life. Do NOT use n	k done during	ATION most of working	166	b. KIND OF B	USINESS/INDL	ISTRY	
8	conege (F4 or 5 4)	0	rchardi	st			Fruit	t prod	ucti	on
William Ernest	Boyer				18. MOTNER'S N	la L	Middle, Maide enora	Etzle	r	
John A. Main, S	r.		196. WAILING AT 5945 Me	ooness (Street	Road, Fre	deri	ck, Ma	wn, State, Zip o	d"21	701
MONATURE OF FUNERAL SERVICE LI										
AEDIATE CAUSE (Final seese or condition witing in death) quantially list conditions, ny, leading to immediate see. Enter UNDERLYING USE (Disease or injury I initiated events witing in death) LAST	DUE TO (O	ceused the a on each III	SEQUENCE OF):	enter the	France	Aur	Stree	PAUTOPSY	eder	Approximate Interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
AEDIATE CAUSE (Final sease or condition witing in death) quantially list conditions, ny, leading to immediate see. Enter UNDERLYING USE (Disease or Injury t initiated events uiting in death) LAST AT II. Other aignificant conditions.	DUE TO (O	ceused the a on each III	death. Do not ine.	enter the	East Chemode of dying, au	Runner I.	Streediac or real	PAUTOPSY	eder	Approximate interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
SHOCK, OF heart tailure. WEDIATE CAUSE (Final sease or condition uiting in death) quantially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury t initiated events uiting in death) LAST RT II. Other algnificant condition NAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O	ceused the e on each III	death. Do not ine. SEQUENCE OF: SEQUENCE OF: ot resulting in	the underly	The East Character of the East Character of dying, au	Aur	24a. WAS A PERFO	PAUTOPSY	eder	Approximate interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
AEDIATE CAUSE (Final sease or condition witing in death) quantially list conditions, rry, leading to immediate ise. Enter UNDERLYING USE (Disease or injury t initiated events witing in death) LAST AT II. Other aignificant condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the con	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	ceused the e on each ill	death. Do not ine.	the underly Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column	PLACE OF DEATH (Clome 5 - Residence	Auroh Part I.	24a. WAS A PERFO	PAUTOPSY	eder	Approximate interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
MEDIATE CAUSE (Final ease or condition witing in death) quantially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events witing in death) LAST ANAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Natural 5 Pending investigation	DUE TO (O C. DUE TO (O d	DR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR AS A CONS PR	death. Do not ine.	the underly 26 OTHER: Nursing F Nursing F 28c. Y	PLACE OF DEATH (Common 5 Residence INJURY AT WORK?	Part I.	24a. WAS A PERFO 1 VES	N AUTOPSY PRIMED?	eder	Approximate Interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
Shock, or heart tailure. MEDIATE CAUSE (Final sease or condition witing in death) Quantially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury to initiated events uiting in death) LAST RT II. Other significant condition AMAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Status 1 Pending investigation Accident Suicide 6 Could not be distarmined	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	Ceused the e on aach III MAS A CONS PR AS A CONS PR AS A CONS ER/Outpetient JURY Year) INJURY — AI C. (Specify)	death. Do not ine. SEQUENCE OF: SEQUENCE OF: ot resulting in the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue o	the underly the underly Nursing is F 26c. Y M 1 [set, factory, o	Fast Chemode of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying,	Part I.	24a. WAS A PERFO 1 VES PERFO 1 VES CATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b. 1	Approximate Interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
MEDIATE CAUSE (Final sease or conditions, ulting in death) quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Olsease or injury at initiated events ulting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Natural 5 Pending investigation Suicide 6 Could not be distarmined	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	Ceused the e on aach III AS A CONS AS A CONS PR AS A CONS ER/Outpetient JURY Year) INJURY — AI C. (Specify) y knowledga,	death. Do not ine. SEQUENCE OF: SEQUENCE OF: It resulting in the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence o	the underly the underly Australia 28c. I great, factory, o	Fast Chemode of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying,	Part I.	24a. WAS A PERFO 1 VES ATION (Street or Town, State use(a) and me	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b.) JRED JRED d.	Approximate Interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
MEDIATE CAUSE (Final lease or condition sulting in death) quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury it initiated events sulting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Natural 5 Pending investigation Accident Sulcide Centifier Check only CERTIFYING PNYS	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	Ceused the e on aach III AS A CONS AS A CONS PR AS A CONS ER/Outpetient JURY Year) INJURY — AI C. (Specify) y knowledga,	death. Do not ine. SEQUENCE OF: SEQUENCE OF: It resulting in the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence o	the underly the underly Australia 28c. I great, factory, o	Fast Chemode of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying, au Indicate of dying,	Part I. Part I. 26d. DE: 28f. LOCAL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL	24a. WAS A PERFO 1 VES ATION (Street or Town, State use(a) and me	N AUTOPSY PRIMED? INJURY OCCU and Number of phoner as state- and dua to the	24b. 1 24b. 1 JRED A Rural Ro cause(a)	Approximate Interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth

He had been the west of the second of the

The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	
--------------------	-----------------------------------------------------------------	--

1 - STATE REGISTRAR	ST	TATE OF M	ARYLAN	ND / DEPAR	ICATI	T OF H	DEAT	AND N	MENTAI	REG. NO.	E		
	NORMAN	ROLA	ND	MILLE	2				2. DATE MONTH OC			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB 215-36-19	988 ¹x	M 2 - F	6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	MIN,	(Month	OF BIRTH , Day. Year)		S. BIRTH	PLACE (State or Foreign Y) York
9a. FACILITY NAME (# not ins	edar Gro		a.		9b. city, town or Location of Death E. New Market						9c. COUNT	Y OF D	
5652 Ce RESIDENCE OF DEC 10a. STATE MD.	10b. COUNTY Dorche	oator			Y, TOWN (10d. INSIDE CITY LIMITS?
				Е.	ме		arket				10g. CITIZE	EN OF W	1 ☐ YES 🗶 NO
10. STREET AND NUMBER 5652 Ce 11. MARITAL STATUS 1 Never Married X		OVE ROMS DECEDENT ORCES? XI	EVER IN II	S. ARMED	13.	WAS DEC	216 ENDENT OF scify Cuben,	HISPANI	IC ORIGIN	? (Specify Yes		4. RACE	- American Indian, White, atc.
3 Widowed 4 Divor	I IF	958 —	196	2		1 YES	2 📉 NO	Specify:				Specia	white
	highest grade comple			Sa. DECEDENT'S (Give kind of a life. Do NOT us POWER	work done : se retired.)	during mo	st of working	rate		elec			mpanv
17. FATHER'S NAME (First, Mic	. ,	Edgar		ller				R'S NAM	IE (First, M	liddle, Maiden	Surname)		
Cle 19a. INFORMANT'S NAME (7) Mrs. Share	pe/Print)	100		19b. MAILING	ADDRESS	dar	nd Number or	Rural Ro	oute Numb	doline	, State, Zip C	lar.	et Md 216
20a. METHOD OF DISPOSITION 1	ON 3 - Ramoval fro		20b. PL	ACE AND DATE (OF DISPOS	ITION (Ne	me of		OATE	20c. LOC	CATION — CI	ty or To	vn, Stata
21. SIGNATURE OF FUNERAL		1.	1 30	alisbu n	22.	NAME AN	nator • ADDRESS	OF FAC	Th	omas		era.	Md. 2161
iMMEDIATE CAUSE (Fine disease or condition reaulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	s. Cona, lata	ARB OUE TO (C	ON AS A CO	PLO L DINSEQUENCE OF		05	Dn	10	Ples	som	,		Interval Batweel Onset and Deat
CAUSE (Disease or injur that initiated avents resulting in death) LAST PART II. Other aignifican	d			POST SOCIALISTS A		doub do o							
					ir tria uir	uarrym g	cause giv	an in P	_	PERFORI 1 PYES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	HOS	PITAL:	R/Outpatle	nt 3 00A	OTHER 4 Num	1:	S Reald						
27. MANNER OF DEATH 1 Netural 5 Proceedings of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the	2	8a. OATE OF IN (Month, Day,	JURY	26b. TIME	OF	28c. INJL WOF	RY AT			RIBE HOW IN			RUHES .
3 Suicide 6 C	ould not be	60. PLACE OF building, et	" (abacily)	At home, farm, s	treet, facto	ory, office		15	281. LOCAT	TION (Street an Town, State)		Rural Ro	
29a. CERTIFIER (Check only one) 1 CERTIF	YING PHYSICIAN: To	o the best of m	y knowledg	a, death occurre	d st the tion, in my or	ma, date	and place, an	ed due to	the ceus	e(a) and mann	er an stated.		and manner as stated.
29b. SENATURE AND TITLE O	F CERTIFIEN	theel)				29c. LICENS						Month, Day, Year)
30. NAME AND ADDRESS OF I	TA D.	1025	ll	400									
31. DATE FILEO (Month, Day, Ye	0 5 '92	2. REGISTRAIN	SIGNATOR	4dson-Pa	ndelle								



	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MEN	TAL HYGIENE BEG. NO.			
10	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>	DEATH	2. D	ATE OF DEATH			3. TIME OF DEATH
	Carl M	adison				Moc	re	1	0 31		992	9:35 A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. D/	ATE OF BIRTH	T T	e. BIRTH	PLACE (State or Foreign
	215 38 6238	1 🔀 M 2 🗌 F	52	YRS.	MONTHS	DAYS	HOURS MIN,		forth, Day, Year) 09-10-194	4n	Country	hington, DC
	9a. FACILITY NAME (If not institution, give a	street and number)	- 02		9b. CITY,	TOWN O	R LOCATION OF D	_	10 10	9c. COUN		
E O	100 Revolution	Street			Har	WA	De Gra	CA		Наз	rfoi	bo
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						Carrier Miles			ma.	1101	
DIRECTOR	100 mm	Harford		10c. C11	Y, TOWN OR							10d. INSIDE CITY LIMITS?
AL D	10e. STREET AND NUMBER	narioru			пе		de Gra	ace		40- 00713	TEN OF W	1X YES 2 NO
ž	100 Revolution	Stroot				101.	21078			iog. Citiz	US	
FUNER	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. W	AS DECE		NIC OR	IGIN? (Specify Yes	nr No I		— American Indian,
- 1	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	TYES 2 X	NO	11	yes, spe	cify Cuben, Mexico 2 X NO Specie	en, Pue	rto Rican, etc.)		Black, Specif	White, etc.
184	3 Widowed 4 Divorced					1,00	a gg ito apaca	7.			ариси	White
ETED	15. DECEDENT'S EDU (Specify only highest grade		(0	live kind of	USUAL OCC	CUPATION	N t of working		16b. KIND OF BUSI	NESS/INDU	USTRY	
ا ۲	Elementary/Secondary (0-12)	College (1-4 or 5 a	·) #6	i. Do NOT u			441 TELEVI		T7 . T.7			
COMPL	12				Printe	er			Union W		r	
	17. FATHER'S NAME (First, Middle, Last) James Madiso	n Maana							rst, Middle, Maiden S			
4	19a. INFORMANT'S NAME (Type/Print)	m woore	40	- MAN INC	4000000				. Gross			
2	Mr. James M. Moo	re							number, City or Town, Emp Spri			20748
	20a. METHOD OF DISPOSITION	-	20b. PLACE			-		_	DATE 20c. LOC			
	1 Burlet 2 N Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	comptent co	ametani or a	ther place!			1 7	1/2 Wes			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		22. N	AME AN	ADDRESS OF FA	CILITY				
	1 (1) 10 Qui	2 X	>1						uneral H			
	23. PART I. Enter the disesses, or	complications that	t caused the de	eath. Do i					NID 2			Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List Dnly Dns csu	se Dn sach line	8.								Interval Between Onset and Death
1	disease or condition resulting in death)	· Mul	TIPLE	- 11	NTU	KIE	5					
	Tooding in death)	DUE TO	(OR AS A CONSE	QUENCE O	F):							
2	Sequentially list conditions,	b										
4	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE O	F):							
2	CAUSE (Disease or Injury that initiated events	cDUE TO	(QR AS A CONSE	QUENCE O	F):							
CERTIFICATION	resulting in death) LAST	d										
3	PART II. Other significant condition	e contributing to	don'th but not		la Mariana d		Lucies et Victoria					
3	PATE II. Other significant condition	is contributing to	death but not	resulting	in the und	enying	cause given in	Part I	. 24a. WAS AN A PERFORM			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDI									1 X YES 2	_ NO	ı	OMPLETION OF CAUSE OF DEATH?
				_					Ι'			YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF DEATH (Ch	neck onl	ly one)			
PHISICIAN	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:	_		-	Other (Specify) Si	dows	2 1 k	
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 2	Bc. INJU	RY AT		DESCRIBE HOW IN			
	1 Natural 5 Pending 2 Accident Investigation	(Month, D	1992	8:1	5AM	1 Y	K? ES 2- NO	Sul	pject p	reci	ipit	ated from
_	3 Suicide 6 Could not be	26e. PLACE O	F INJURY — At he etc. (Specify)	mi tam?	treet, factor	y, office		281.	LOCATION (Street an	d Number o	or Rural Ro	oute Number,
<u> </u>	A ☐ Homicide determined		at h	ome				100		utic	an G	st_Apt 505
COMPLEIED	29a. CERTIFIER (Check only	ICIAN: To the beat of			ed at the tim	e, date s	and place, and due					
5	one) MEDICAL EXAMINE											and manner as stated.
ם ם	296 SIGNATURE AND TITLE OF CERTIFIE	R, DA	M		-		29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
2	Wy Fry	Jalle	-IH ~	7			O.C.M	. E		1 1	01	1992
- 4	30. NAME AND ADDRESS OF PERSON WH	Q COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Тура	Print)							
	MAKIOF GOL	NO 101	11	1 Po	nn S	tre	ot Ra	1+	imore	Mari	ılan	d 21201
ĺ	31. DATE FILED (MORR), Day, Year)	0	R'S SIGNATURE				 					
	MIN III 47	Allia Marie	Gon-Rand	.00								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

iges 1, 2, 3 should

BOX 68760.

P.0.

DIVISION OF VITAL RECORDS.

BALTIMORE, MARYLAND 21215-0020

10		ž
Sage		Pe
irector,		must
funeral director, page	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
in by the	r removal.	edical
Pa	0	E
14	tion	Ě
ompletely	il, crema	event,
and c	buria o	natic
Sician	prior to	traun
rid bu	giene	other
ndi	Ŧ	5
the atte	Mental	ıjury, ı
6	pur	Ī
Dang	afth a	s an
20	H	3
Dee	9	등
Jas	Depl	23
icate	State	Item
ertil	the	0
this c	With	ked,
After	death	mar
TOR:	after	28 ls
DIREC	hours	Hem

MEDICAL

PHYSICIAN:

BY

COMPLETED

0

TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: If item 2

THE I 2 2 3 25. WAS EXAL

1

27. MANNEB OF DEAT

92 31918 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Marian Katherine Michels Marian liche AM 4. SOCIAL SECURITY NUMBER 5. SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BUILTH 8. BIRTHPLACE (State or Foreign 217-60-0550 1 | M 25 F 64 YRS. Jan. 9, 1928 Michigan 9e. FACILITY NAME (If not institution, give 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Citizens Nurs Harfore FUNERAL DIRECTOR ursing Trace 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Fallston Maryland Harford 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 712 Old Fallston Road 21047 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 3 Divorced If yes, specify Cuben, Mexicen, Pu 1 TES 2 NO Specify: BY Specify White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) Mentally Retarded 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) William Michels Katherine Augusta Leach 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Henry R. Hein 712 Old Fallston Road, Fallston, Md. 21047 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Burlel 2 Cremation 3 4 Donetion 5 Other (Specify) Genetery, crematory or other piece)
Mountain Christian Cemetery 11-3-92 Joppa. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 toward 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause Interval Betw IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Suddo year CERTIFICATION Sequentially list conditions. TO (OR AS A CONSEQUENCE OF if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

iting to death but not rejulting in the underlying cause given in Part I. alson

25s. WAS AN AUTOPSY T YES 2 THO

284. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF GAUSE OF DEATH?

1 YES 2 NO

CASE REFERRED TO MEDICAL MINER? YES 2 W NO		36. PLACE OF DEATH (Check only one)
	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Outpetient 3 ☐ DOA	OTHER:

10	1 Inpatient 2 ER/Outpetient 2	□ Inpatient 2 □ ER/Outpetient 3 □ DOA				
6 Pending	28a. DATE OF INJURY (Month, Day, Mary	28b. TIM	E OF JURY	28c. INJURY AT WORK?		

1 D Natural 2 Accident 28e. PLACE OF INJURY — At home, far building, etc. (Specify) 3 🔲 Swickde 8 Could not be 4 🗌 Humicide

201. LOCATION (Gireet and Number or Purel Route Number. City or Swen, State)

dence 6 - Other (Specify)

1 [] CERTIFYING PHYSICIAN: To the best of psy knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of

camination end/or investigation, in my opinion, death occured at the time, date end piace, end due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

90ms 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

taure 31. DATE FILED (Month, Day, Year)
NOV 02 92

32 REGISTRAR'S SIGNATURE PANDADO

DHMH-16 Rev 1/89

detach		once.
a		15
5 should		otified
age		be
rector,		must.
e funeral d	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
In by th	or remova	nedical
/ filled	tion,	the
ompletely	I, cremar	event,
n and c	to buria	umatic
hysicla	e prior	s any injury, or other traum:
ding (Aygien	등
atten	Immal	7, 0
y the	od Me	Inju
ned b	arth ar	any
en sig	of Hea	hows
as be	ept.	23 \$
ate h	tate	tem
ertific	the S	6
this c	MIL	rked
After	death	S ma
OR:	ffer	00
DIRECT	hours a	Item 28 Is marked, or Item 23 shows any

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.			
	1. DECEMBER NAME (First, Middle, Last) GEOGE	me	12/1	iams	2. DATE OF DEATH MONTH	99	3. TIME OF DEATH 8:25 pm	
	214-18-8228	9 YRS. MOI	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/3/1913		BIRTHPLACE (State or Foreign Country) Maryland	
стоя	9a. FACILITY NAME (If not institution, give street and number) St. Mary Waspital RESIDENCE OF DECEDENT	96	CITY, TOWN O	2 OF TOL		St. COUNTY	Mary's	
DIRECTOR	Maryland St. Mary's		own or Local	TION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☒ NO		
	10e. STREET AND NUMBER		101	20624			N OF WHAT COUNTRY?	
FUNERAL	P.O. BOX 111 11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPANIC	ORIGIN? (Specify Yes		U.S.A. I. RACE — American Indian, Black, White, etc.	
В	1 Never Married 2 Married IF YES, GIVE WAR OR D	DATES		ecify Cuban, Mexican, 2 NO Specify:	Pueno Hican, etc.)		Specify: White	
ETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo	ON ist of working	16b. KIND OF BUS	SINESS/INDUS	тяу	
COMPLETED	10th Grade	Salesma	n		Automo			
8	17. FATNER'S NAME (First, Middle, Lest) George McWilliams, Sr.				(First, Middle, Maiden Grayson	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street a	and Number or Rural Roo		n. Stata. Zio Co	odel	
2	Mary Alice McWilliams			Clements	, Marylan	d 2062	24	
	1 EF Burlai 2 ☐ Cremation 3 ☐ Removal from State Cel	b. PLACE AND DATE OF DI metery, crematory or other I acred Hear	nlece)				y or Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2)	22. NAME AN Matti	o address of facil ngley-Gan	my diner Fun	eral H	Home, P.A.	
	23. PART I Enter the diseases, or complications that cause	d the deeth. Do not					ryland 20650	
	shock, or heart failure. List only one cause on a	each line.	0 (201000	()	ratory arres	t, Approximate interval Between Onset and Death	
z	DUE TO (OR AS	A CONSEQUENCE OF):	arci	NAMICI	Pius	terle		
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):						
CERTIFICATION	thet initiated events resulting in death) LAST	A CONSEQUENCE OF):						
	PART II. Other eignificent conditions contributing to death I	but not resulting in the	ne undarlying	cause given in Pa	irt i. 24a, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL					PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Ξ					_		1 WES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Check	only one)			
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 12 Inpution 2 ER/Out		HER: Nursing Hom	e 5 🗆 Rasidence 8	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	28c. INJ WO		ed. DESCRIBE NOW II	NJURY OCCUP	RED	
		Y — At home, farm, stress icity)	t, factory, office	2	8f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination						Susse(s) and menner as eleted	
E C	296. SIGNATURE AND TITLE OF CERTIFIER	1/8		29c. LICENSE NUMBI			IGNED (Month, Day, Year)	
m	B. WILL	2		D 33470		D 11	16/92	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE							
		ardtown, M	arylan	d 20650				
	31. DATE FILED (Month, Day, Year) NOV 06 '92 Sulia Davids	NATURE Pandell						
- 1	MIV 116 92 Guller Davids	DI ALIA						

1. DECEMENT'S NAME (First, Mid				CENTIFIC	AIL U	F DEATH	REG. NO								
Hanns	dle, Last) Ag	nes Le	ola Ma	her	2001	4	2. DATE OF DEATH MONTH D	N YE	3. TIME OF DEATH						
1/9/1/20					uas	101	10-2	7-92	12.41 p. M						
219-48-7515		SEX	6. AGE (In yr.		F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 3-1-1948		BIRTHPLACE (State or Foreign Country) Maryland						
9a. FACILITY NAME (If not institut	ion, give street	and number)		9	b. CITY, TOWI	N OR LOCATION OF DE	ATH	9c. COUNTY							
St. Mary S	ENT	25 p. 1	al		Leor	pard to	NA	St.1	mars/5						
10a. STATE 10b	10d, INSIDE CITY														
Maryland ST. Mary's Leonardtown Leonardtown Limits?															
100. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? Rt. 3, 109, Lake Drive 20650 U.S.A.															
11. MARITAL STATUS		. WAS DECEDEN	T EVER IN U.S	ARMED	13. WAS D	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yes								
1 Never Married 2 Married 3 Widowed 4 N Divorced	CONT.	FORCES? 1 IF YES, GIVE W			If yes,	specify Cuban, Maxica ES 2 🔀 NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White						
(Specify only high	NT'S EDUCATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	ON pleted)	16a	DECEDENT'S US	k done during .	TIDN most of working	16b. KIND OF BUS	SINESS/INDUST	RY						
Elementary/Secondary (0-12) 12th	C	ollege (1-4 or 5 d	•)	Clerk	wired.}		Med	ical							
17. FATHER'S NAME (First, Middle,	Lest)					16. MOTHER'S NAI	ME (First, Middle, Maiden	Sumamel							
William Aloy	sius R	aley					Leola Dav	ŕ							
19a. INFORMANT'S NAME (Type/F	Print)			196. MAILING AI	DDRESS (Stree	t and Number or Rural F	loute Number, City or Tow	n, State, Zip Coo	(e)						
Rick Raley			_				, Leonardt								
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 4 Donation 5 Other (Soe		from Stata	cemetery	ceand date of the community or other states.	r placa)			CATION — City	or Town, State						
21. SIGNATURE OF FUNERAL SE		EE /p =	4 30.	John S		AND ADDRESS OF FAC	-		al Home, P.A.						
Michael K		kenshi					on Street, L	eonardto	wn, MD 20650						
23. PART I. Enter the dises	sea, or com	plicatione tha	t doused the	deeth. Do not	enter tha n	node of dyling, suct	as cerdiac or respi	ratory arrest,	Approximata						
shock, or heart IMMEDIATE CAUSE (Finel	Tellure. List	Dnly one ceu	se ba-éach		10 -		_ /		Intarval Between Onset and Death						
disesse or condition		Spine	5101	o bell	in De	general	m/Lew	backers	dilla.						
resulting in death)	a	DUE TO	(OR AS A CON	SEQUENCE OF):	1	gor win	Leas	Course	riging feels						
					0				10						
Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS A CON	SEQUENCE OF):		-									
cause. Enter UNDERLYING CAUSE (Disease or Injury	Z a_														
that initieted events	1	DUE TO	(OR AS A CON	SEQUENCE OF):											
resulting in deeth) LAST	d					that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
PART II. Other significant c	onditions co		d												
PART II. Other significant conditions contributing to death but not resulting				ot resulting in	the underly	ing ceuse given in	Part i. 24a, WAS AN	AUTOPSY	24b WFRF AUTOPSV FINDINGS						
		ontributing to	death but n	ot resulting in	the underly	ing ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
		ontributing to	death but n	ot resulting in	the underly	ing ceuse given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
		ontributing to	death but n	ot resulting in	the underly	ing couse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
		ontributing to	death but n	ot resulting in			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL H	OSPITAL:			26. THER:	PLACE DF GEATH (Che	PERFOR 1 LYES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
25. WAS CASE REFERRED TO ME	DICAL H	OSPITAL:	ER/Outpatien	1 3 DOA 4	26. THER:	PLACE DF OEATH (Che	ck only one)	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO						
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 YES 27. MANNER OF DEATH 1 Hetural 5 Pend	DICAL H	OSPITAL:	ER/Outpatien		26. IV	PLACE DF GEATH (Che	PERFOR 1 LYES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO						
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 M6 27. MANNER OF DEATH 1 Hetural 5 Pand 2 Accident Inves	DICAL HS	OSPITAL: Inpetient 2 2 28a. DATE OF (Month, D.)	ER/Outpatien INJURY — A	1 3 DOA 4	26. VTHER: Nursing Horizont V 28c. ii	PLACE DF OEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO	ck only one) Other (Specify) 28d. OESCRIBE HOW III	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO.						
25. WAS CASE REFERRED TO ME EXAMINERY 1	DICAL HS	OSPITAL: Inpetient 2 2 28a. DATE OF (Month, D.)	ER/Outpatien	1 3 DOA 4	26. VTHER: Nursing Horizont V 28c. ii	PLACE DF OEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO	ck only one)	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO.						
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 OF 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coule 4 Homicide 8 Coule	DICAL Hdg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DSPITAL: Inpatient 2 = 28a. DATO (Month, Date of Month, Date of Month)	ER/Outpatien INJURY inj. Year) FINJURY — A stc. (Specify)	t home, term, stre	26. VTHER: Nursing Ho Pr Y M 1 [et, tactory, oft	PLACE DF OEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO	PERFOR 1 Other (Specify) 28d. OESCRIBE HOW II 26f. LOCATION (Street a City or Town, State)	MED? NO NO NO NUMBER OF R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO.						
25. WAS CASE REFERRED TO ME EXAMINER? 1	Ing Ing Itgation of not be mined	28a. DATE OF (Month, D.) 28a. PLACE Obuilding,	ER/Outpatien INJURY hy, Year) FINJURY — A etc. (Specify) my knowledge	t 3 DOA 4 29b. TIME C INJUR t home, term, stre	26. ITHER: Nursing Ho OF 28c. II M 1 et, factory, of	PLACE DF OEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO	281. LOCATION (Street a City or Town, State)	MED? NO NO NO NUMBER OF RESIDENCE.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO.						
25. WAS CASE REFERRED TO ME EXAMINER? 1	Ing Ing Ilgation d not be milned	28a. DATE OF (Month, D.) 28a. PLACE Obuilding,	ER/Outpatien INJURY hy, Year) FINJURY — A etc. (Specify) my knowledge	t 3 DOA 4 29b. TIME C INJUR t home, term, stre	26. ITHER: Nursing Ho OF 28c. II M 1 et, factory, of	PLACE DF OEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO	ck only one) 5 Other (Specify) 28d. OESCRIBE HOW II City or Town, State) to the cause(a) and man	MED? NO NO NO NUMber or R ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO						
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Could 4 Homicide detar 29e. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE OF 6	Ing Ing Ing Ing Ing Ing Ing Ing Ing Ing	DSPITAL: Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE Of building,	ER/Outpatien INJURY ny, Year) FINJURY — A atc. (Specify) my knowledge tamination and	t home, term, stre	26. ITHER: Nursing Ho Nursing Ho P M 1 et, tactory, off	PLACE DF OEATH (Che ome 5 Residence nully AT VORK? YES 2 NO Hise tes and place, and due death occured at the 10 29c. LICENSE NUM	ck only one) 5 Other (Specify) 28d. OESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) and man Ilme, date and placa, and BER	MED? NO NO NO NUMber or R ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2						
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident 3 Suicide 8 Coule 4 Homicide detar 298. CERTIFIER (Check only one) 2 MEDICAL	Ing Ing Ing Ing Ing Ing Ing Ing Ing Ing	DSPITAL: Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE Of building,	ER/Outpatien INJURY ny, Year) FINJURY — A atc. (Specify) my knowledge tamination and	t home, term, stre	26. ITHER: Nursing Ho Nursing Ho P M 1 et, tactory, off	PLACE DF OEATH (Che ome 5 Residence nully AT VORK? YES 2 NO Hise tes and place, and due death occured at the 10 29c. LICENSE NUM	ck only one) 5 Other (Specify) 28d. OESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) and man Ilme, date and placa, and BER	MED? NO NO NO NUMber or R ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2						
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Could 4 Homicide detar 29e. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE OF 6	Ing Ing Ing Ing Ing Ing Ing Ing Ing Ing	DSPITAL: Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE Of building,	ER/Outpatien INJURY INJURY INJURY — A stc. (Specify) my knowledge ramination and	28b. TIME C INJUR 28b. TIME C INJUR t home, tarm, stre	26. If Nursing Ho Pr 28c. If Y M 1 et, tactory, of the time, da in my opinion,	PLACE DF GEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO lice Its and place, and due death occured at the	ck only one) 5 Other (Specify) 28d. OESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) and man Ilme, date and placa, and BER	MED? NO NO NO NUMber or R ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows that have been a many be manned to the control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of AND 21215-0020 BALTIMORE, MARN

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEOENT'S NAME (First	Middle, Last)	nael 1	1111	Louis Mi	chael	Miller	2. DATE OF DEATH MONTH	7 9	3. TIME OF DEATH 3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 213-09-0715	-A	5. SEX	6. AGE (In y	YRS.	UNDER 1 YEAR NTHS DAYS			1916 N	BIRTHPLACE (State or Foreign Country) Maryland	
Fallston	Gen		40sy		Fall:	S+0 n	ATH	9c. COUNTY	or ford	
10a. STATE Maryland	106. COUNT	rford			ngdon	TION			10d. INSIDE CITY LIMITS? 1 YES 2 ND	
10%. STREET AND NUMBER 2706 Emmorton Road 107. ZIP CODE 21009 USA										
11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divi		12. WAS DECEOENT FORCES? 1 IF YES, GIVE WI	YES :	NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, White, etc. Specify: White	
	EDENT'S EDU ly highest grade 0-12)			Give kind of work life. Do NOT use no Superviso	done during mo stired.)	st of working	US-G	OVETIME		
17. FATHER'S NAME (First, A Michael		Miller				10. MOTHER'S NA France	ME (First, Middle, Melder S Barbar		rry	
19a. INFORMANT'S NAME (Jacqueline		ler		196. MAILING AC 2706	Emmort	on Road	Route Number, City or Ton Abingdon	on, State, Zip Co	21009	
Buriel 2 ☐ Cremeti	20a. METHOD OF DISPOSITION \$\int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int O\text{Disposition} \ \int ODisposi									
21. SIGNATURE OF FUNERAL	2 K	CENSEE Males	MQ	0 111	Howar	d K. McC Cokesbur	comas III	Funeral bingdor	l Home, P.A.	
23. PART I. Enter the cashock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentielly list condition, leading to immediate the condition of the course. Enter UNDERLY CAUSE (Disease or injusted events	tions, ediete	a. Oue to b. Oue to c.	OF AS A CO	DONSEDUENCE OF:		ARM DMJYRI Jenia	has cardiec or respondent	olratory arrest	Approximate interval Batween Onset and Death MWATS.	
resulting in death) LAS	-	d			<u> </u>				/	
PART II. Other signific				not resulting in	the underlyin	g Cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	ER/Outpati		THER:	LACE DF DEATH (C)	6 Cher (Specify)			
	Pending Investigation	26a. DATE OF (Month, D	INJURY ay, Year)	28b. TIME (Y W	JURY AT DRK? YES 2 ND	28d. DEŞCRIBE HOW	INJURY OCCUP	RED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — etc. (Specify,	At home, farm, stre	et, factory, offic	:0	281. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,	
CONSCR ONLY							to the cause(a) and m		cause(a) and manner as stated.	
29b. SHOWSTHEE AND TITL	E OF CERTIFIE	ER //	lo		<u> </u>	29c, LICENSE NU	MBER 197	29d. DATE S	SIGNED (Month, Day, Year)	
30. NAME-AND ADDRESS (OF PERSON W	HD COMPLETEO CAU	SE OF DEAT	H (ITEM 27) (Type, P	5730 S	4.5	EB T	3000	vi and zlost	
31. DATE FILED (More), Day	2017	32 AEGISTRA	R'S SIGNAT	Mandall.	700 2	2 . C.20	100 2		- Civip	

•	STATE REGISTRA	٩F
1. D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERT	IFICATE (F DEATH	REG. NO	_				
100	1. DECEDENT'S NAME (First, Middle, Last) Bonnie Romus Malco	R. Malcomso			2. DATE OF DEATH	* 3	YEAR 97	3. TIME OF DEATH 6.37 PM		
90	4. SOCIAL SECURITY NUMBER 5. SEX 218-48-2248 1 □ M 2 ☑	6. AGE (In yrs. lest birth	RS. IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	47	7 100	PLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give street and number) Univ. of Maryland Hosp RESIDENCE OF DECEDENT		WN OR LOCATION OF D	EATH	%. COUNTY OF DEATH Baltimore					
DIREC	Delaware Sussex	13.77	eaford	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2XXNO		
FUNERAL DIRECTOR	10s. STREET AND NUMBER Rt 1 Box 275	C		101. ZIP CODE 19973		10g. CIT		EN OF WHAT COUNTRY?		
8≺	Never Married 2 X Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES	If yes	DECENDENT OF HISPA I, specify Cuban, Mexico YES 2 X NO Specif		fes or No— 14. RACE — American Indian, Black, White, etc. Specify; White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1. 2	16a. DECEDE (Give kin life. Do N Home	SINESS/IN							
COM	17. FATHER'S NAME (First, Middle, Last) Ross M. Lanham			18. MOTHER'S NAME (First, Middle, Melden Surname) Eva Priebe						
TO BE	190. INFORMANT'S NAME (Type/Print) Samuel J. Malcomson	19b. MAI Rt	LING ADDRESS (St.	eet and Number or Rural	Acute Number, City or Tow ord, Del.]	m, State, Zi	ip Code)			
	20a. METHOD OF DISPOSITION 1	cemetery, crematory	ATE OF DISPOSITIO	•	DATE 20c. LO		- City or Ton			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE John A. Cranston	Ave	Cra	e and address of fa nston Fune	CILITY					
	23. PART I. Enter the diseases, or complications t shock, or heart failure. List only one of immediate CAUSE (Final disease or condition resulting in death)	utople Surprise on A CONSEQUENCE	Do not enter the	organ }	aller	iratory ar	rrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	to the As a consequence TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUENCE TO (OR AS A CONSEQUEN	beid	l-	iofila			many years		
DICAL C	PART II. Other significant conditions contributing	to death but not result	ing in the under	lying cause given in	Part i. 24a. WAS AN PERFOR	AMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
N: MED					_	(prio		OF DEATH? 1 YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Nopotion 2	☐ ER/Outpatient 3 ☐ DC	OTHER:	8. PLACE OF DEATH (Ch						
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	OF INJURY 28b. Day, Year)	INJURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OC	CCURED			
	3 Suicide 8 Could not be determined	OF INJURY — At home, fa g, etc. (Specify)	erm, street, factory,	office	28t. LOCATION (Street City or Town, State)		or or Rurel A	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis of							and manner as stated.		
TO BE C	29b. SIGNATURG AND TITLE OF CERTIFIER JUNE JUNE			29c, LICENSE NU	MBER	29d. 0A0	TE SIGNED	192		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	NUSE OF DEATH (ITEM 27) RAR'S SIGNATURE	(Type, Print)	Md. Inds	1sts Balter	naie	MAD	2/022		
	NOV 1 2 1992 Julia Da	Adson-Rondall								

tal or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 starts and for use as the burial-ty be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

permit. Pages 1, 2, 3 should

hould be detached for use as the burial-transit

lined by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

100	S	
8	00	
Tay	, P.	
9	Cto	
J.	6	
12	8	
de la	ş	Ŀ
ĕ	ĕ	8
	5	Ē
ž	B	a
2	=	â
ä	Ĭ	ij
H	ğ	9
g	p	줔
B	#	ä
Ä	景	ĕ
ğ	ŧ	8
F.	3	충
6	難	莱
8	ï	¥
ĕ	E A	ŝ
2	8	ä
1	8	Į
8	£	8
ă	9	訪
2	20	8
3	Sea.	젊
8	8	ä
343	2	ij
9	10	ij
M	A.A	8
ET.	B	Ę
THE HOSPITAL, OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	SE	Ours
AL	AL	2
SPIT	NER.	Pil.
오	3	W
뿔	THE FUNERAL DIRECTION: After this certificate has been aigned by the attending physician and completely filled in by the funeral director, pag	filed within 72 hours after death with the State Dept, of Health and Mental Rygiene prior to burist, cremation, or removal.

2 2 3

31. DATE FILED (Month, Day, Year)

92 31923 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH NOV. 5, 1992 YEAR BARBARA ANNE MURTAUGH 9:17 A. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Oct. 17,1943 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 388-42-2639 1 M 2 SFF Wisconsin 9a. FACILITY NAME (If not institution, give street end number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1404 Midhurst Court DIRECTOR Bel Air Harford RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford 1404 Midhurst Court, Bel Air 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1404 Midhurst Court 21014 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY 1 YES 3 NO Specify: Specify 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Medical Medical Technologist 4 be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Emil Bader Elenore BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Thomas L. Murtaugh 1404 Midhurst Court, Bel Air, Md. 21014 20e. METHOD OF DISPOSITION

1 Burlal 2 5 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must R. A. Ferris Crematory W. Chester, Pa. 11-6-9 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon. medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such ea cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death ä disease or condition_ ARDIOPULMONARY ARREST mm resulting in death) marked, or item 23 shows any injury, or other traumatic event, METASTATIC
DUE TO (DR AS A CONSEQUENCE OF): LUNG CANCER PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events. resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Mesidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) .12 COMPLETED 8 Could not be ilem 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, 383 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TCHEU

Julia Davidson-Randale

'92

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may hospital or attending physician. TO THE FUNEDAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to a start of the start been signed with the State Dept. of Health and Mental Hygiene prior to burilal, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA				HEALTH AND	MENT	AL HYGIEN	_		0,52	-7
	1. DECEDENT'S NAME (First, Middle, Last) HARRIET Jean	n	MUELLEF	₹			MO	TE OF DEATH DA	, 199	EAR	TIME OF DEATH 3:22	М
	4. social security number 220 30 4153	1 🗆 M 2 💢 F	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEA	HOURS MIN.	7. DAT 2-	TE OF BIRTH 2007 1007 15-1908	6.	BIRTHPLA Country	ACE (State or Foreign PA	
TOR	90. FACILITY NAME (If not institution, give s CALVERT MEMORIAL RESIDENCE OF DECEDENT					b. CITY, TOWN OR LOCATION OF DEATH PRINCE FREDERICK CALVERT						
DIRECTOR	10a. STATE 10b. COUNT	v Calvert		10c, CITY	Princ	CATION e Frederi	ck		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 85 Hospital Roa					101. ZIP CODE 20678			10g. CITIZEN OF WHAT COUNTRY? USA			
8≺	11. MARITAL STATUS 1 Never Married 2 Narried 3 Nidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 THE	MED O	If yes,	eccendent of Hispa specify Cuben, Mexic (ES 2 X NO Speci	an, Puerl		or No 14.	Black, W	American Indian, Thite, atc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Secondary (0-12) 2 16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei Regi					11		usiness/industry Health Care			
BE CON	17. FATHER'S NAME (First, Middle, Last) Selene Cordov	a Beeman						st, Middle, Melden se Walt				
5	19e. INFORMANT'S NAME (Type/Print) Anna M. Womack				Address (Stre	ive, Sun		land, M	D 206	89		
	29e. METHOD OF DISPOSITION 1 Striel 2 Cremetton 3 Strem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE Al comptery, crem P1 SG a	natory or ot in Ce	her place) metery	10-3	31-9		cation - chy	or Town, PA	State	
	· Seh Of	alls		_	Raus	ch Funera	1 H			ngs,	MD 2073	36
	23. PAST . Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse	on each line.								Approximeta intervel Between Onset and Deat 20mu	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated examples.)): 							2			
that initiated events resulting in deeth) LAST												
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceus						Part i.	24a. WAS AN PERFOR	MED?	COI DF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	3
IAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C)	heck only	one)				
YSIC	EXAMINER? 1 YES 2 YHO	HOSPITAL:				ome 5 - Residence	8 🗆 01	ther (Specify)				
ву Рн	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	Ybar)	28b. TIME	M 1 [WORK? 2 NO	28d. D	EŞCRIBE HOW IP	YJURY OCCUR	ED		
ETED.	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	. (Specify)				۵	OCATION (Street e ity or Town, State)		Rural Route	Number,	
COMPLETED	one) 2 MEDICAL EXAMINE									luse(s) en	d manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CRATAFIEL SUSAW NO	rety my				29c LICENSE NU	MBER /	131	29d. DATE SI	GNED (Mo	onth, Day, Year)	
	50. NAME AND ADDRESS OF PERSON WH SUSAN PROUTY, M.D	•	I	PRINC		ERICK, MI) ;	20678				
	31. DATE FILED (Morith, Dey, Year) OCT 3 () 1992	Julia Davide	signature on-Randa	02								

manuff the state of the state of the

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					CALL	01 06	4111		REG. NO.			
	1. DECEDENT'S NAME (First, Middle Sherry Lee		ı 1 1					2. DATE	of OEATH	1992	ZEAR 3.	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 Y	FAR IF INC	ER 24 HRS.	7 DATE	OE BINTH	L		ACE (State or Foreign
	370-56-4325	1 □ M 2 🙀 F	41	YRS.		AYS HOUR		May	8, 19!	51 W	Country)	D. C.
ı	9a. FACILITY NAME (If not institution				9b. CITY, TO	WN OR LOCA	TION OF DE			9c. COUNT	Y OF DEAT	н
	12 Eastern (Middle	town			Frede	rick	
		COUNTY		10c. CIT	Y, TOWN OR I	OCATION					10-	d. INSIDE CITY
	Md.	Frederic			M	iddlet						LIMITS?
	12 Eastern Circ	cle				10f. ZIP CO		L769			N OF WHA	T COUNTRY?
Ì	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. A	RMED	13. WAS	DECENDENT	OF HISPAN	IC ORIGIN	i? (Specify Yaa			American Indian, hita, atc.
	1 Never Merried 25 Marrie 3 Widowed 4 Divorced		YES 2 X	NO	II ye	HS 24TXN	ban, Maxica	n, Puerto	Rican, atc.)		Specify:	ite
	15. DECEDEN	'S EDUCATION	16a. D	ECEDENT'S	USUAL OCCU	PATION		16b	KIND OF BUS	INESS/INDUS		rce
	Elementary/Secondary (0-12)	st grade completed) College (1-4 or 5) In	ive kind of v Do NOT us	vork done duri e retired.)	ng most of wor	king					
	12'	55.1030 (1 5 61 5	"	home	amker				OWI	home		
	17. FATHER'S NAME (First, Middle, I	.est)				18. MC	THER'S NA	ME (First)	Middle, Maiden			
	Sł	neldon F. Mi	ller				June			surrier		
	19e. INFORMANT'S NAME (Type/Pri			b. MAILING	ADDRESS (S				ber, City or Town	State, Zip Co	ode)	
ı	John Robert M	Vull							town,			9
ı	20a. METHOD OF DISPOSITION 1X Burlel 2 Di Cremation 3	Removal from State	20h PLACE	ANDDATEC	E DISPOSITIO	M /Name of		DAT	200 100	ATION CIA	Taura	01-1-
ı	4 Donation 5 Other (Speci		Mt.	olive	t Ceme	etery		10/	14 Fre	deric	k. Mo	1.
I	21. SIGNATURÉ OF FUNERAL SER	VICE LIDENSEE			22. NAI	HE AND ADDE	ESS OF FAC	CILITY				
	(hiples)	(hongs	h		31 1	ata R.	Thon	ipsor	Funer	al Ho	me ,	21760
1	23. PART i. Enter the disease	a, or complications the	t causad the d	eeth. Do n	ot enter the	mode of d	ving, such	ss care	llec or reaple	Story arres	u - 4	21769 Approximate
I	ahock, or heart for immediate CAUSE (Fine)	allure. List only one car	ise on each line	D.							.,	Interval Batween Oneat and Death
I	disesse or condition	ral	2 164	fam	2120	4.)						1 wo
I	resulting in death)	e. Ca	(OR AS A CONSE	OUENCE OF	7):							
l	Sequentially list conditions.	b										
H	if any, lesding to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):							
	CAUSE (Disease or Injury	c.	(OR AS A CONSE	0.151.05.05								
	that initiated eventa resulting in death) LAST	BOE TO	(OH AS A CONSE	OUENCE OF):							
		d										
u	PART II. Other significant co	nditione contribution to										
1		contributing to	death but not	reeulting i	n the under	lying caues	given in	Part I.	24a. WAS AN A			RE AUTOPSY FINDINGS
		- Contributing to	death but not	reeulting i	n the under	lying cause	given in	Part I.	24a. WAS AN A PERFORM	AED?	AWA	ILABLE PRIOR TO IPLETION OF CAUSE
		Contributing to	death but not	reeulting i	n the under	lying caues	given in	Part I.	PERFORI	AED?	AWA COH OF	ILABLE PRIOR TO
		estimating to	death but not	reeulting i	n the under	lying cause	given in	Part I.	PERFORI	AED?	AWA COH OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	25. WAS CASE REFERRED TO MED EXAMINER?	ICAL	death but not	resulting i		lying cause			PERFORI 1 YES 2	AED?	AWA COH OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
					OTHER:		DEATH (Che	ock only on	PERFORI 1 YES 2	AED?	AWA COH OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inputlent 2 28a DATE OF	ER/Outpatient 3		OTHER:	8. PLACE OF Home 5 A	DEATH (Che	ock only on	PERFORI 1 YES 2	MED?	AMA COH OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D	ER/Outpatient 3 INJURY sy, Year)	DOA 28b. TIME	OTHER: 4 Nursing FOF 286 JRY 1	8. PLACE OF Home 5 H INJURY AT WORK? YES 2	DEATH (Che	ock only on	PERFORI 1 YES 2	MED?	AMA COH OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investly 3 Suicida 8 Could	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D getton not be	ER/Outpatient 3	DOA 28b. TIME	OTHER: 4 Nursing FOF 286 JRY 1	8. PLACE OF Home 5 H INJURY AT WORK? YES 2	DEATH (Che	ick only on 6 Other 26d, DES	PERFORI 1 YES 2	JURY OCCUR	AMA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investly 3 Suicide 8 Could 4 Homicide determ	HOSPITAL: 1 Inpatient 2 28a. PLACE 0 building,	ER/Outpatient 3 INJURY ny, Year) FINJURY — At hoste, (Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing E OF 284 Intrest, lactory,	8. PLACE OF Home 5 INJURY AT WORK? YES 2	DEATH (Che	6 Other 26d. DES	PERFORI 1 YES 2 9) (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUR	AMA COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investle 3 Suicida 8 Could 4 Homicide 8 Could 4 Homicide CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpati	ER/Outpatient 3 INJURY my, Year) FINJURY — At hosts. (Specify) my knowledge, de	DOA 28b. TiMe INJI me, larm, a	OTHER: 4 Nursing FOF 286 JRY M 1 Ireat, lactory,	8. PLACE OF Home 5 A INJURY WORK? YES 2 office	DEATH (Che	26d. DES	PERFORI 1 YES 2 9) (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUR	AWA COI OF 1 [MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investle 3 Suicida 8 Could 4 Homicide 8 Could 4 Homicide CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 28a. PLACE 0 building,	ER/Outpatient 3 INJURY my, Year) FINJURY — At hosts. (Specify) my knowledge, de	DOA 28b. TiMe INJI me, larm, a	OTHER: 4 Nursing FOF 286 JRY M 1 Ireat, lactory,	8. PLACE OF Home 5 A INJURY WORK? YES 2 office	DEATH (Che	26d. DES	PERFORI 1 YES 2 9) (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUR	AWA COI OF 1 [MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investle 3 Suicida 8 Could 4 Homicide 8 Could 4 Homicide CERTIFIER (Check only	HOSPITAL: I Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Of building, PHYSICIAN: To the best of SAMINER: On the basis of a	ER/Outpatient 3 INJURY my, Year) FINJURY — At hosts. (Specify) my knowledge, de	DOA 28b. TiMe INJI me, larm, a	OTHER: 4 Nursing FOF 286 JRY M 1 Ireat, lactory,	8. PLACE OF Home 5 A INJURY AT WORK? YES 2 office deta and place on, death occ	DEATH (Che Residence NO NO No se, and due little the to	281. LOC. City of time, data	PERFORI 1 YES 2 9) (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUR of Number or there as stated, due to the c	AMA CON OF 1 [] The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investle 3 Suicida 8 Could 4 Homicide 6 Could Check only One) 2 MEDICAL E 29b. SIGNATURE AND TITLE OF CE	HOSPITAL: 1 Inputlent 2 28a. DATE OF (Month, D pation not be ined 28a. PLACE Of building, i PHYSICIAN: To the best of XAMINER: On the best of a	ER/Outpatient 3 INJURY ay, Year) F INJURY — At he atc. (Specify) my knowledge, detamination and/or	DOA 28b. TIMU INJU INJU INJU INJU INJU INJU INJU INJ	OTHER: 4 Nursing 5 OF 286 JRY M 1 treat, lactory, d at the time, n, in my opinis	8. PLACE OF Home 5 A INJURY AT WORK? YES 2 office deta and place on, death occ	DEATH (Che Residence NO No se, and due lured at the l	281. LOC. City of time, data	PERFORI 1 YES 2 9) (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUR of Number or there as stated, due to the c	AMA COH COH COH COH COH COH COH COH COH COH	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investly 3 Suicida 8 Could 4 Homicide 8 Could 4 Homicide CERTIFYING (Check only one) 2 MEDICAL E. 29b. SIGNATURE AND TITLE OF CE 30. NAME AND ADDRESS OF PERS	HOSPITAL: 1 Inputlent 2 28a. DATE OF (Month, D pation not be ined 28a. PLACE Of building, i PHYSICIAN: To the best of XAMINER: On the best of a	ER/Outpatient 3 INJURY ny, Year) FINJURY — At hoste. (Specify) my knowledge, de temination and/or	28b. Time 1NJU 28b. Time 1NJU 1NJU 1NJU 1NJU 1NJU 1NJU 1NJU 1NJU	OTHER: 4 Nursing 5 OF 286 JRY M 1 treat, lactory, d at the time, n, in my opinis	#8. PLACE OF Home 5 INJURY AT WORK? YES 2 office data and place on, death occ	DEATH (Che Residence NO NO No se, and due little the to	281. LOC. City of time, data	PERFORI 1 YES 2 9) (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUR of Number or or as statad. dus to the c	AMA COH COH COH COH COH COH COH COH COH COH	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,

32 REGISTRAR'S SIGNATURE Julia Davidson-Randore

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

RECORDS, P.O. BOX 13146, BALTIMORE, MARY AND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fill by the burial-transit permit. Pages 1, 2, 3 should be filled in by the funeral Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ever

	FOR 1 _ STATE	STATE OF MARYLAN	D / DEPARTM	MENT OF H	EALTH AND I	MENTAL HY	GIENE 92	31926		
	REGISTRAR 1. DECEMENT'S NAME (First, Middle, Lest)		CERTIFIC	ATE OF	DEATH		G. NO.	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-05-6732	SEX 6. AGE (In y	rs. lest birthday) IF MC	04-	ATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country)					
CTOR	RESIDENCE OF DECEDENT	NONITE HO	ATH	1	PRETT					
DIRECTOR	MD 106. STATE Alle	gany		nberlar	nd			10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL	721 Gephart Driv	101	21502			SA				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	If yes, sp-	ENDENT OF NISPAN Belfy Cuban, Mexica 2 X NO Specify	n, Puerto Rican,		No— 14. RACE — American Indian, Black, White, etc. Specify:				
COMPLETED		Specify only highest grade completed) (Give kind of work done do life. Do NOT use retired.) College (1-4 or 5 +)					of Business/ind			
BE CON	17. FATHER'S NAME (First, Middle, Laet) 6 EURGE Boh rer 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA									
2	196. INFORMANT'S NAME (Type/Print) Mrs. Paula Eckard 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 221 Wempe Drive Cumberland, MD 21502									
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	from State 20b. Pl	LACE OF DISPOSITION PROPERTY (INC.)	orial F	enetary, cramatory or	10-20	Cumber	city or Town, State cland, MD		
	21. BIUNATURA OF FUNERAL SERVICE LICENT	SEE Scarpe	lli	Scar	rpelli Fu perland,	uneral	Home 02			
	23. PARTY. Enter the diseases, or companded, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	t only one ceuse on eech	n line.					est, Approximate Interval Between Onset and Death		
ERTIFICATION	disease or condition resulting in deeth) a. RES PIRA TORY FAILURE DUE TO OR AS A CONSEQUENCE OF): COTYGES TIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part Curum Mu J. Hu. Curum ANCMIA D. G. A. M. C. C. C. A. C. A. M. T.						Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMPLETION OF DEATH? 1 YES 2			
SICIA		IOSPITAL:		THER:	LACE OF GEATH (Ch		activi			
	27. MANNER OF DEATH 1 W Natural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	JURY AT DRK? YES 2 NO		E HOW INJURY OCC	CUREO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stre			26f. LOCATION City or Tox	N (Street end Number vn, State)	or Rural Route Number,		
COMPLETED	ana)	N: To the best of my knowled On the basis of examination e						ed. e cause(e) and manner ee stated,		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	more D)		29c. LICENSE NUI	638	29d, DAT	E SIGNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF GEATH	H (ITEM 27) (Type, P)	rine) PUT) 215	-32	1			
	31. DATE FILED (MONth, Day, Ybar) UCT 2 9 1992	32 AEGISTRAN'S SIGNATI	Panolette							

_
Ó
9
<u></u>
99
BOX 68760
2
\simeq

oi.
0
Ф.
íń
Ö
VITAL RECORDS
<u> </u>
\approx
2
~
-
7
>
Щ
O
-
SION
2
CO

31. DATE FILED MAIN.

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Walter L. Preller October 24 1992 1:10 pm A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) November 191 1 M 2 | F YRS 577-09-2955 Washington D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4509 North Chelsea Lane Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery 1 TES 2 NO Bethesda permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 4509 North Chelsea Lane 20814 United States 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2/2/NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 24 YNO Specify: IF YES, GIVE WAR OR DATES BY Specify. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
We. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specif) intery/Secondary (0-12) College (1-4 or 5+) 3 Management Safeway Food Chain 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

It is a shows any injury, or other traumatic event, the medical examiner must be notified at John Preller Catherine Stickler notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 9 Mary P. Preller 4509 North Chelsea Lane, Bethesda, Maryland 20814 20s_METHOD OF DISPOSITION
1-E Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE other place) October 27 Heaven Cemetery 27,1992 4 Donation 5 Other (Specify) Silver Spring, Maryland 22 NAME AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY ROBERT AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00335 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Metastatic Cancer to Brain within resulting in death) 2 months DUE TO (OR AS A CONSEQUENCE OF): executed Prostate Cancer CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE DE): If any, leading to immediate requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Hydrocephalus **COMPLETION OF CAUSE** 1 - YES 2 X NO 1 YES 2 NO PHYSICIAN: WB 25. WAS CASE REFERRED TO MEDICAL E S 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 TES 2 X NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 KResidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 X Natural 5 Pending DIRECTOR: After the hours after death v BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide Hem 29e. CERTIFIER (Check only 1 🔀 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. FUNERAL I Ξ 2 ___ MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 포프 MI D04766 223 October 26, 1992 5 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Daniel Rosenblum, M.D., 10400 Connecticut Avenue, Kensington, Maryland

ST REGISTRANT SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	graci	- 6
4	e d	2
D D	d bi	-
aine	Shou Shou	181
ret	10	0
y b	9060	2
E	0,	1
96 9	rect	E
E	p je	la or
ath	nue	E
er de	the f	
aff	by	1
OCI	S in	-
24 h	fille	
를	tely	-
M	nple	
red	O Je	
Dec	and	to a
e e	ian or to	2110
ate	hysic pri	
E P	g pl	4
90 [Hydin	
leath	afte	2
the d	the	Min
lat 1	Pop and	2
PS T	gne	6
age of	n Si	3
N G	bee	-
6	has	2
E	tate	100
NA	he S	6
3	is ce	3
품	T T	art.
SING	Afte	6
	DR:	a
A	ECT	0
9	PIO	
ME	A R	2
OSP	Thin	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact he find within 72 hours after health with the State Dent of Health and Mental Motiene prior to burial, cremation, or removal.	MEDOSTANT Hism 28 is marked or Hen 22 shows any fairny or other fraumotic awart the medical avaniance much he entitled of nese
王	工品	Odi
2	2 3	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 80 Ethel J. POOLE Oct. 10, 1992 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
March 6,1900 IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country)
 Maryland DAYS 217-32-0966 1 M 2 K F HOURS 92 YRS. Sa. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 26940 Ridge Rd. DIRECTOR Damascus Montgomery RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 NO Montgomery Damascus FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26940 Ridge Rd. 20872 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: COMPLETED BY IF YES, GIVE WAR OR DATES White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 6 Merchant Clothing Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Monroe Mullinix Cecelia Becraft BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Gregory Day 14118 Peddicord Rd., Mt. Airy, Md. 21771 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Mount Olivet Cemetery 10/13/92 Frederick, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. W olesy 26401 Ridge Rd., Damascus, Md. 20872 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): arter 278 DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING basity CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events Inflammeter, ducto resulting in death) LAST 9/ or PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY Reflex exphasite bloto 1 - YES 2 NO OF DEATH? Osteparthitis 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) 1 YES 2 NO OTHER: 4 ☐ Nursing Home 5 Mesidence a ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE r.R.M 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) D34682 Oct. 12, 1992 2 M.D. Joanne L. Kinney, 9701 New Church St., Damascus, Md. 20872 31. DATE FILED (Month, Day, Year), 1992 72. REGISTBAR'S SIGNATURE

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

. . .

Se Se	9		ē
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Surs after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
fter	the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	100
55	5	ren	ĕ
3	.= P	6	Ē
2	ille ille	iou,	the
thin	etely	ema	nt,
M P	dmo	5	eve
cute	5	unia	tic
exe	n an	9	ma
90	sicia	nor	Ten.
Feat	phy	ne p	ē
erti	Buil	ygie	to to
€	tend	H	ŏ
de	e at	lent	Ę,
the	y th	N	Ξ
that	Pa	th air	any
ires	sign	leal	SA.
regu	Ben	5	sho
ME	S D	ept.	23
he	e his	0 9	E
N.	ficat	Stal	윤
CIA	Serti	the	0
HAS	his o	with	pex
16 8	ter	ath	mar
S S	F. A	r de	69
TE	E	afte	28
JR A	IR.	SULS	E
AL (40	2	1
SPIT	VER	ii.	=
호	5	With	TA
불	분	iled	2 P
2	2	be 1	È

	1 - STATE REGISTRAR		CERTIFI	CATE O	F DEATH	R	EG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last)	FRANCIA	PANKLIN PAUL	K, JR.		2. DATE OF I	DEATH DAY	YEAR 92	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 267-32-0195	1 M 2 □ F	65 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF E (Month, Da Oct. 4	y, Year)	e. BIRTI Count Mai	HPLACE (State or Foreign try) NO		
DIRECTOR	Physicians Memori	•		ы сту, тоw La Pla	n or location of de ta	EATH		rles	DEATH		
ם 일	10a. STATE 10b. COUNT	TY	10c, CITY,	TOWN OR LO	CATION				10d. INSIDE CITY		
	Maryland Charl	les	Hug	hesvi	le 101, ZIP CODE		. 100 0	LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	Rt. #1, Box 202			20637	ited	States					
B≺	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Number 1 Newer Married 2 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1 Number 1	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13. WAS E	E — American Indian, ck, Whita, aic. city:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
OMPI	11 th 17. FATHER'S NAME (First, Middle, Last)	00	Superint	endent			nstruct le, Maiden Surname				
BE	Artie F. Paulk, S	Sr.	19b. MAILING	ADDRESS (Street	Mary L.			Zin Code)			
유	Patricia A. Paulk	(The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		202, Hugh				20637		
	20a. METHOD OF DISPOSITION 1	noval from State	206. PLACE OF DISPOSI Other place) Huntt Cren	TION /Name of	cometens commetens of		200 LOCATION	City or T	owe State		
	21. SIGNATURE OF FUNERAL SERVICE L	ohawn M	100053	The F	and appress of Fa funtt Fune sox 156, W	ral Ho	me, Inc				
	23. PART Enter the diseases, or								Approximete		
	interval Between Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Onest and Deal Ones										
	resulting in death) a. OM Short Wand to head OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALIES (Pleases or Johny.										
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST d										
DICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE										
MEDI						_ 11	YES 2 NO		DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28	. PLACE OF DEATH (CA	beck only one)					
SIC	EXAMINER?	HOSPITAL:	R/Outpetlent 3 DOA	OTHER:		8 (Other (S)	pecify)				
FH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	Year) INJU	JRY	INJURY AT WORK?	28d. DESCRI	BE HOW INJURY	OCCURED	1 Lucal		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At home, ferm, s	7	YES 2 NO	28f. LOCATIO	ON (Street and Number, State)	ober or Rural	Route Number,		
ĒĒ	4 Homicide determined	Ma				th	herville	. Ma	rtant		
COMPLETED	(Check only		/ knowledge, death occurre nination and/or investigation						(a) and manner as stated.		
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	Charles (a	Holy C Han	ME	29c. LICENSE NU	MBER ?	29d. I	DATE SIGNE	D (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)	1 el X			-1-1			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SSIGNATURE	4 60	W7						
	NOV 0 4 '92	Julian	Savidson-Randell	5	-				A.A.A		
									DHMH-16 Rev 1/89		

. .

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN			PERIIF	ICAL	EUF	DEA	I I I		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	<u>"</u>	GEAR .	3. TIME OF DEATH 420 P M				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	227-80-7447	1 🞧 M 2 🗆 F	39	YRS.	MONTHS	DAYS	HOURS	MIN.		, Day, Year)	0.50	Country)	
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH					1952 Washington			
œ					100			011 01 01						
DIRECTOR	Shady Grove Nursing Facility					ckvi	lle	_			Mo	ntgo	mery	
Ä	10a, STATE 10b, COUNTY			_	Y, TOWN	OR LOCAT	TION:						10d. INSIDE CITY	
5	Maryland Monto	omery		Roc	k w i 1	116						ľ	LIMITS?	
	10s. STREET AND NUMBER					10f. ZIP CODE					10st. CIT		HAT COUNTRY?	
8	5817 Edson Lane					20852					United State			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					WAS DEC			IIC ORIGIN	? (Specify Yes			- American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp	ecify Cube	n, Mexica	n, Puerto F	lican, atc.)	0.10	Black,	White, etc.	
BY	3 Wildowed 4 Divorced	IF TES, GIVE H	AN ON DAIES			1 YES	2 ZNO	Specin	y:			Specify		
0	15. DECEDENT'S EDUC		16e.	DECEDENT'S	USUAL C	CCUPATION	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 a	,	(Give kind of a life. Do NOT us	se retired.)			ng .					nment	
리	,(,	4		ersonel Policy					ñ	US Agency for Inte				
8	17. FATHER'S NAME (First, Middle, Last)	-	120	. 1 5011	C - 1	. 011	_	MER'S MA		evelc liddle, Melden		n E		
											,			
BE	Fdwin Parker 196. INFORMANT'S NAME (Type/Print)			405 MAII INC	ADODEO	0. (0)	Ber	nice	SC	hwarz er, City or Tow	man			
2														
	Carol Parker							e Ro	ockv				nd 20852	
	20a. METHOD OF DISPOSITION XX Burial 2 □ Cremation 3 □ Ram	pvet, from-State		CEAND DATE			ime of		DATE	20c. LO	CATION -	City or Toy	vn, Stata	
	4 Donation 5 Other (Specify)	$H \rightarrow H$		an M	em.	Gar	den	S	10/2	6 01r	ev,	Mar	vland	
	21. BIGHATURE OF FUNERAL SERVICE LIC	ENGE	1		22.	NAME AF	D ADDRE	SS OF FA	CILITY	unera	1 H	Omes		
- 1	Janux 1	No Val	Ja.										s Church	
	23. PART I. Enter the diseases, Dr o	omplications the	caused the	death Do									Approximate	
	shock, or heart fellure. MMEDIATE CAUSE (Finel disease or condition resulting in death)	. met		hic.	re	na	1 0	an	ce				Interval Between Onset and Death	
CERTIFICATION	Sequantisity list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST													
S														
4	PART II. Other significant condition	s contributing to	death but no	t resulting	In the u	nderlyln	g cause (given In	Part I.	t I. 24a. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS	
EDICAL										1 U YES 2 NO		- 1	COMPLETION OF CAUSE OF DEATH?	
ME											7-	- 1	1 YES 2 NO	
Z I	25. WAS CASE REFERRED TO MEDICAL				-	28. Pt	ACE OF D	EATN (Ch	ack only one	>)				
S	EXAMINER?	HOSPITAL:	FB/Outpatient	3 □ DO4	OTHE			ald	8 🗆 Other	<i>(</i> 24.)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	_	28c. INJ		raidence		CRIBE NOW II	N.IURY OC	CURED		
	1 Netural 5 Pending	(Month, D	lly; Ybar)		JURY M	WC	RK?	T NO				001125		
BY	2 Accident Investigation	28e PLACE O	F INJURY — At	home form	street for	-		, 10	301 1 001	TION (Dec.)		0.10		
요	3 Suicide 8 Could not be 4 Homicide detarmined	building,	atc. (Specify)	nonne, term, t	eneet, rac	tory, orne				TION (Street a or Town, State)	ina Numbe	r or Hural Ho	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE												and manner ee stated.	
	29b. SIGNATURE AND TITUE OF CENTIFIER							ENSE NUM						
TO BE	James 451	while		w						,			(Month, Day, Year) Y - 9 Z	
		rodsky	, mD	TEM 27) (Type,	Print)	wi	ilai	d	Auc	Cho	uy (Chas	4-92 eMI)	
	OCT 2 92	92. REGISTRA	R'S SIGNATURE	delle.							1			
		1/1												



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

200 St. 12 10

1	BALTIMONE, MARYLAND 21215-0020	nours after death; Chape 6 may be retained by the hospital or attending physician.	lled in by the Nateral or see. page 5 should be detached for use as the burial-trans n, or removal.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after geath. Sage and properties of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled in by the filled in by the filled in by the filled in by the filled within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burdal, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			RTMENT ICATE				MENT	TAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2, DA	TE OF DEATH	DAY	YEAR	3. THE OF DEATH
	ADA RETA PHILPO	Γ								TOBER			04:25A M
	4. SOCIAL SECURITY NUMBER 215 16 4154	5. SEX 6. AG	E (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Mc	TE OF BIRTH brith, Day, Year) as 3 as 1917	,	8. BIFTY	HPLACE (State or Foreign ry) Md.
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	, TOWN C	PR LOCATI	ON OF DE		/ -/-!	_	NTY OF E	
DIRECTOR	SACRED HEART HOS						RLAN	D			A	LLEG	ANY
DIRE	Md. Al	egany			r, town o								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10s. STREET AND NUMBER Route 1, Box	103				101	zip coo	€ 1.532	Α.		,	J.S.J	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 7 N	MED O		If yes, ap-	ENDENT (OF HISPAI In, Mexica	n, Puer	GIN? (Specify Yo to Rican, etc.)		14. RACI Blac	E — American Indian, k, White, etc.
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	CATION	18e. DEC	CEDENT'S	USUAL O	CCUPATIO	W .		_	I6b. KIND OF BI	JSINESS/IN	Spec	White
PLETE	(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	life.	mema	work done so retired.)	during mo	st of worki	ng		Own	Home		
once.	17. FATHER'S NAME (First, Middle, Lest) James R. Myers							HER'S NA		K, Middle, Meide	n Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	S (Street a				umber, City or To	wn. State. Zi	in Code)	
5	Francis G. Philp	ot								urg, Me			
must be	29. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	ob. PLACE A	ND DATE	of Dispos	oria	me of	ck		ATE 20c. L	ocation -		
examiner	21. SIGNAPTINE OF FUNERAL SERVICE LIC		0		22.	NAME AF	ID ADDRE	SS OF FA	CILITY	ome, Fr			
event, the medica	III	DUE TO (OR AS	Res A CONSE	Di R	A TOP						piratory ar	rest,	Approximate interval Between Onset and Death
Injury, or other traumatic event, the medical examiner must be notified at once. AL CERTIFICATION TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS											
MEDIC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CONGESTIVE HEART FAILURE CARCINOMA OF RIGHT BREAST WITH METASTARS CARONARY ARTERY DISEASE												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/		7,1			ACE OF D	EATH (Ch	eck only	one)			
YSIC	1 YES 2 NO	HOSPITAL: 1 □/Inpetient 2 □ ER/O	ripatient 3	□ DOA	OTHER 4 Nun		• 5 🗆 Re	esidence	6 🗆 O	ther (Specify)			
필문	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year	5	28b. TIN	IE OF JURY M		URY AT RK? 'ES 2] NO	28d. E	DESCRIBE HOW	INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (S)	RY — At hor	ne, farm,	street, fact	ory, office	•		201. La	OCATION (Street Ity or Town, State	and Numbe	r or Rural i	Route Number,
IMPORTANT: If item 28 O BE COMPLETE		CIAN: To the best of my kno											a) and menner as stated.
MPORTA D BE C	296. SIGNATURE AND TITLE OF CENTIFIER	Qu.D					29c. LIC	25	BER 6	38	29d. DAT	O S	(Month, Day, Year) 29/92
을	30. NAME AND ADDRESS OF PERSON WHO	DLAZA, FA	ROSTB	MRE	3 M	D.	5	PATO	IRN	IINA	T. C.	HAN	EMD
	31. DATE FILED (Month, Day, Year) 199	32. HEGISTRAR'S SIG	MATURE PA	ndell									

	FOR STATE REGIST
,	1. DECEDENT
	Phi
l	4. SOCIAL SE
1	577-
ł	9a. FACILITY I
	Calve

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				-ICALE C		RE			
1 17	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DE	DAY	YEAR 3. TIME OF DEA	
	Phillip	Eugene	Purse			10	27 199	7 1 9 1 9 7	
1 7	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)			7. DATE OF BIR	TH	BIRTHPLACE (State or Fit Country)	
	577-54-8755	1 K M 2 🗆 F	50 _{YRS.}	MONTHS DAY	8 HOURS MIN.	(Month, Day 6-24-	-42	Wash. D.	
	9a. FACILITY NAME (If not institution, g	ive street and number)		Sh CITY TON	N OR LOCATION OF I	NE ATM	1 0- 00/85	TY OF DEATH	
C				Jan 6111, 101	IN ON LOCATION OF I	ZEATTI	Sc. COON	IT OF DEATH	
ECTOR	Calvert Memo	rial Hosp	<u>ital</u>	Princ	e Frede	rick	Cá	alvert	
ပ္ပ	10a. STATE 10b. CO			TY, TOWN OR LO					
DIRE	MD	Calvert		Dunkirk				10d. INSIDE CITY	
	MD	Calvelt		DollKIII				1 TYES 2	
₹	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
E 1	3552 Vol	low Bank Roa	đ	ļ	2075	64		U.S.A.	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVE		40 100		ning to the same			
교	1 Never Married 2 X Married	FORCES? 1 TY	ES 2 NO	Is. Yes	DECENDENT OF HISP, apocify, Cuban, Mexic	an, Puerto Rican, o	efc.)	 RACE — American Indi Black, White, etc. 	
A	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	1 🗆 1	YES 2 A NO Spec	lly:		Specify: White	
ETED	15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	16a. DECEDENT	S USUAL OCCUP	ATION	16b. KIND	OF BUSINESS/INDU	JSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during use retired.)					
4	12		Cā	rpenter		Coi	nstruction	on	
COMPL	17. FATHER'S NAME (First, Middle, Last,				18 MOTHER'S N	AME (First, Middle,	Mairian Dument		
	and the second second second	Pursel			Fran		Swortze:	1	
H									
0	19a, INFORMANT'S NAME (Type/Print)				et and Number or Rura	Route Number, City	or Town, State, Zip (Code)	
-	Irene Pursel		sam	e as 10	apove				
	20g. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	I (Name of	DATE :	Re. LOCATION — C	tty or Town. State	
	1 Burial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	STO ETTERN	omemori	al Grdns	10-30-92	Dunkirk	, MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE			-					
	II. SIGNAL OF PONERAL SERVICE	COENSER		22. NAMI	AND ADDRESS OF F	ACILITY			
	1 Am	M00246	Rat	sch Funer	al Home	Owings	, MD 20736		
	23. PART I. Enter the diseases,	Dr. complications that cour	and the death. De						
	shock, or heart falls	re. List only one cause or	each line.	not enter the	mode of dying, su	ch as cardiec of	r respiratory arre		
	interval Bett (MMEDIATE CAUSE (Final disease or condition resulting in death) e. Atheroscletofic Cardiovascular Disease								
	disease or condition resulting in death)	Athoras	donatic	Card	io Vareus	1 mm 1):	1-201		
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE	OFI:	1 9 9 000	41 01	2 E arec		
		_		·				i	
4 II		b	S A CONSEQUENCE	25.					
0 1	Sequentially list conditions,	DUE TO (OR A	a w consequence						
ATIO	if any, leading to immediate	DUE TO (OR A						i	
ICATIO		c							
TIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	S A CONSEQUENCE						
RTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	S A CONSEQUENCE						
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A		OF):					
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR A		OF):	ying cause given in	n Part I. 24a. V	WAS AN AUTOPSY	24b. WERE AUTOPSY F	
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A		OF):	ying cause given it	1 1	ERFORMED?	AVAILABLE PRIOR COMPLETION OF	
EDICAL CERTIFICATIO	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A		OF):	ying cause given is	1 1		AMAILABLE PRIOR COMPLETION OF OF DEATH?	
MEDICAL	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A		OF):	ying cause given is	1 1	ERFORMED?	AVAILABLE PRIOR COMPLETION OF	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	e		In the underly		',&	ERFORMED?	AMAILABLE PRIOR COMPLETION OF OF DEATH?	
MEDICAL	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	dtions contributing to death		In the underly	ying cause given it	',&	ERFORMED?	AMAILABLE PRIOR COMPLETION OF OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	e	n but not resulting	OF): In the underly	. PLACE OF DEATH (C	theck only one)	PERFORMED?	AMAILABLE PRIOR COMPLETION OF OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	e	but not resulting	In the underly OTHER: 4 \(\text{Nursing i} \) ME OF \(\text{28c.} \)		heck only one) 6 Other (Spec	PERFORMED? YES 2 NO	AMAILABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2	
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	DUE TO (OR A. d. tions contributing to death HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yee	but not resulting	OF): 20 OTHER: 4 Nursing I	. PLACE OF DEATH (Clome 5 Residence INJURY AT WORK?	heck only one) 6 Other (Spec	PERFORMED?	AMAILABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to be considered as a significant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	tions contributing to death L HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yes	n but not resulting	OF): 20 OTHER: 4 Nursing I	. PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 6 Other (Special DESCRIBE	YES 2 NO NO NO NO NO NO NO NO NO NO	MAILABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2 URED	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	tions contributing to death HOSPITAL: 1 Inpetion 2 ER/O 28e. DATE OF INJUR (Month, Day, Yes	but not resulting	OF): 20 OTHER: 4 Nursing I	. PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 6 Other (Special DESCRIBE	YES 2 NO Ny: Ny: Ny: Ny: Ny: Ny: Ny: Ny: Ny: Ny	AMAILABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2	
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	tions contributing to death HOSPITAL: 1 Inpetion 2 ER/O 28e. DATE OF INJUR (Month, Day, Yes	but not resulting	OF): 20 OTHER: 4 Nursing I	. PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? YES 2 NO	theck only one) 6 Other (Special Describe) 281. LOCATION	YES 2 NO Ny: Ny: Ny: Ny: Ny: Ny: Ny: Ny: Ny: Ny	MAILABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2 URED	
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	DUE TO (OR A. d. tions contributing to death HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yes be building, etc. (S	but not resulting butpetlent 3 DOA YY 286. Ti In IRY — At home, farm,	OF): In the underly OTHER: 4 Nursing I ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Colores 5 Residence INJURY AT WORK? YES 2 NO	theck only one) 6 Other (Special Describe 28d. Describe 28d. LOCATION City or Town	YES 2 NO No No No No No No No No No	MAILABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2 URED Or Rural Route Number,	
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	DUE TO (OR A. d. tions contributing to death HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUB (Month, Day, Yes d. 28e. PLACE OF INJUB building, etc. (S	but not resulting	OF): 20 OTHER: 4 Nursing 1 ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Colored to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	theck only one) 6 Other (Special Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 2	YES 2 NO NYS 2 NO NYS 2 NO NYS 2 NO NYS NO NO NO NO NO NO NO NO NO NO NO NO NO	MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED Or Rural Route Number,	
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	DUE TO (OR A. d. tions contributing to death HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yes be building, etc. (S	but not resulting	OF): 20 OTHER: 4 Nursing 1 ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Colored to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	theck only one) 6 Other (Special Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 2	YES 2 NO NYS 2 NO NYS 2 NO NYS 2 NO NYS NO NO NO NO NO NO NO NO NO NO NO NO NO	MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED Or Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	DUE TO (OR A. d. d. tions contributing to death L HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUB (Month, Day, Yea on 28e. PLACE OF INJUB building, etc. (S	but not resulting	OF): 20 OTHER: 4 Nursing 1 ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Colored to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	theck only one) 6 Other (Special Describe City or Town on the cause(a) are time, date and pi	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED Or Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are also as a condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of t	DUE TO (OR A. d. d. tions contributing to death L HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUB (Month, Day, Yea on 28e. PLACE OF INJUB building, etc. (S	but not resulting	OF): 20 OTHER: 4 Nursing 1 ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Continued to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	theck only one) 6 Other (Special Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 2	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	WARLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED Or Rural Route Number, d. cause(a) and manner as a	
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the cond	DUE TO (OR A. d. tions contributing to death HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea on 28e. PLACE OF INJUR dividing, etc. (S) 4YSICIAN: To the best of my kn AINER: On the basis of examina	but not resulting butpetlent 3 DOA TY 28b. Ti in IRY — At home, farm, pecify) owledge, death occur itton and/or investigat	OF): 20 OTHER: 4 Nursing I ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO office Jets and place, and dun, death occured at the	theck only one) 6 Other (Special Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 2	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	MAILABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2 URED OF Rural Route Number, d.	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are also as a condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of t	DUE TO (OR A. d. tions contributing to death HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea on 28e. PLACE OF INJUR dividing, etc. (S) 4YSICIAN: To the best of my kn AINER: On the basis of examina	but not resulting butpetlent 3 DOA TY 28b. Ti in IRY — At home, farm, pecify) owledge, death occur itton and/or investigat	OF): 20 OTHER: 4 Nursing I ME OF 28c. JURY M 1 street, factory, c	PLACE OF DEATH (Continued to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	theck only one) 6 Other (Special Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 28d. Describe 2	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	WARLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED Or Rural Route Number, d. cause(a) and manner as a	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the cond	DUE TO (OR AL d	DEATH (ITEM 27) (Typ	OF): 20 OTHER: 4 Nursing I ME OF 28c. JURY M 1 (street, factory, c	PLACE OF DEATH (Continued to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	theck only one) 6 Other (Special Control of Chy or Your Chy or Your Other Chy or Your Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or Your Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or You Other Chy or	PERFORMED? YES 2 NO Hy) HOW INJURY OCCL (Street and Number of State) Indiameter as state- ace, and due to the	WASLABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED Or Rural Route Number, d. cause(a) and manner as a SIGNED (Month, Day, Year) 28 1992	

BALTIMORE, MAR

HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

OCT 29'92

	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained for use as the burial-transit permit. Pages 1, 2, 3 should		
	ages 1, 2		
	ermit. P.		
ian.	transit p		
INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in continuing physici	e burial-		
attending	se as th		
Dial or	nd for u		
)	detach		once.
ined b	hould be		ffled at
/ be reta	age 5 sl		be not
е в ша	rector, p		must
ath. Pag	uneral di		amine
after de	by the fi	emoval.	Ilcai ex
24 hours	filled in	On. Or r	he med
within	npletely	cremati	vent, t
executed	and cor	o burial.	natic e
cate be	hysician	e prior t	or traus
th certifi	ending p	Hygien	or other
the dear	y the att	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ires that	signed b	fealth ar	ws any
law requ	need si	ept. of h	23 sho
NY: The	ificate his	State D	r item
PHYSIC!	this cert	with the	ked, o
DSPITAL OR ATTENDING PHY	DIRECTOR: After this	er death	ITANT: If item 28 is marked
OR AITE	NRECTOR	vithin 72 hours after death	em 28
SPITAL (VERAL D	nin 72 hi	VT: If II
9	5	With	TA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10 Madeline V. Poist 26 92 7:00 рм 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 X F 213-88-6951 YRS. June 20, 1912 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Citizens Nursing Home Havre de Grace Harford RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Cecil Port Deposit XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 71 North Main Street 21904 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 TES 2 TONO Specify: Specify: Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) Ten Years College (1-4 or 5+) Homemaker/Seamstress _____ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Snelling Margaret Boutchyard BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald N. Poist, Sr. 71 North Main Street, Port Deposit, MD 21904 20a_METHOD OF DISPOSITION
1 ABurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Asbury Cemetery 10/30/92 4 Donation 5 Other (Specify) . Port Deposit, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List pnly one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death ardvac diseese or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE T I YES ZXXXIO OF DEATHS 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2.X NO 1 D Inpatient 2 D ER/Outpetient 3 DOA ng Home S 🗆 Residence 8 🗆 Other (Specify) MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War) 28b. TIME OF INJURY 26c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 W Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 🗍 Sulcide 28f. LOCATION (Street and Number or Flural Floute Number, City or Spen, State) 6 Could not be COMPLETED 4 | Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MONTH Day, Year BE 6 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 0

30

Devidon

medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		0		CERTIF	ICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, I	Middle, Last)							DATE OF DEATH MONTH DA		YEAR 3.	. TIME OF DEATH
IVA		CHAMP	QU	INICHE'	TTE			Oct. 23			11:00 A M
4. SOCIAL SECURITY NUMBER 200 03 2599		5. SEX 6	. AGE (In	74 YRS.		YEAR IF UNDER 24 HRS DAYS HOURS MIN.	7. A	DATE OF BIRTH (Month, Pay, Year) Pril 14, 1	.918	Country) Pitt	sburg, PA.
9a. FACILITY NAME (If not inst 13708 Stone	er Dri					rown or Location of Lver Spring			9c. COUNTY Mo	of DEA	
RESIDENCE OF DECI	10b. COUNT	,		10c CI	ry, town or	LOCATION				11	Dd. INSIDE CITY
Maryland		ntgomery				Spring				1	LIMITS? YES 2 NO
13708 Stor	ner Di	ive				20904					States
11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES					If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black,					Black, V	- American Indian, White, etc. Black
15. DECE (Specify only	DENT'S EDU		1	6a. DECEDENT'S	S USUAL OC	CUPATION iring most of working		16b. KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-		College (1-4 or 5+)	A	Ille. Do NOT L	use retired.)	ve Assista	nt	U.S.	Gover	nmen	t
17. FATHER'S NAME (First, Mic						16. MOTHER'S	NAME ((First, Middle, Maiden	Surname)		
Amos	s W. (Champ						Iva Merch	ant		
19a. INFORMANT'S NAME (Ty)		-1				(Street end Number or Ru					22221
Victor L.		cnette				er Dr.,Sil					
20a. METHOD OF DISPOSITION 1 Denial 2 Cremation 4 Donation 5 Other	3 🗆 Rem	oval from State	20b. F	Suburba	an Cre	ematory	or		ation – ch		ng, MD.
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	45	th		AME AND ADDRESS OF ACGUIRE Ful OO Georgia					20010
23. PART I. Entey the dis- shock, or he IMMEDIATE CAUSE (Figure disease ox/condition resulting in death)	drt fallure.	Met.	asta	tic Ova	rian		uch s	s cardiac or reapi	ratory srret	st,	Approximata Interval Between Onset and Desth 18 Mos.
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIF CAUSE (Disease or injurt that initiated events resulting in death) LAST	NG y	с.		CONSEQUENCE (
PART II. Other significant		a, Obstru					In Pa	24a. WAS AN PERFOF	MED?	0	VERE AUTOPSY FINDINGS NAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEOICAL					26. PLACE OF DEATH	(Check	only one)		_	
EXAMINER?		HOSPITAL:	ER/Outpat	tient 3 🗆 DOA	OTHER	: Ing Home 5 🖔 Residen	ce 6 [Other (Specify)			
	Pending nvestigation	28e. DATE OF I (Month, De	NJURY	28b. TI	-	28c. INJURY AT WORK?	_	Bd. DESCRIBE HOW	NJURY OCCU	JRED	
3 Suicide 6 0	Could not be letermined	28e. PLACE OF building, e	INJURY - tc. (Specif)	At home, ferm	, street, facto	ery, office	26	Bf. LOCATION (Street City or Town, State)		r Runsi Ro	ute Number,
CONSCR ONLY						me, date end place, end pinion, death occured at					and manner as stated.
29b. SIONATURE AND TITLE	or cutoffic	hopi	1			29c. LICENSE D399		ir.	29d. DATE	SIONEO (1)	Month, Dey, Year)
30. NAME AND ADDRESS OF William K.		M.D., 10)6 Ir	ving S	t. N.	W. Suite#4	21.	WashD.	.C. 20	010	
31. DATE FILED (Month Day,		32 ABGISTIAN Grana Da	Y d/co	Handel							

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

Martha J. Quarles 4. Social Security Museer 5. Sex 6. AGE (in yrs. limit birthody) FUNCTIV HAME (if not institution, pive stores and number) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 5. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. limit birthody) 6. Sex (in yrs. lim	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIFI	CATE OF	DEATH	REG. N	0.		
4. SOCIAL SCORNEY NUMBERS 4. SOCIAL SCORNEY 8. STY, 1994 ON 1995 ON 1997 NATIVIDADI 5. STOCKLYT NAME of and numbers, per inset and numbers 5. STY, 1994 ON 1995 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON 1994 ON						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF OEATN
17. 32 2177							19,		11:10 P
ARCOLITA MARE of melinides, ple sizes of minory ARCOLITA SET OF MARKET AND ARCOLOGY OF SET OF MARKET AND ARCOLOGY OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET	4. SOCIAL SECURITY NUMBER							8. BIRTHP	PLACE (State or Foreign
Security Made (in a bratture, year meth of number) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of Edem) Security of					moons win.		1907		
SILVER SPICIAL SILVER SPICIAL SOUTH AND COUNTY SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIAL SILVER SPICIA	Pa. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COL		
THE STREET AND MAINTED AND AND AND AND AND AND AND AND AND AN	Arcola Mursing &	Pehah Co	enter	Silvor	Spring		Mon	taama	277
The strict and humbers Silver Spring 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 29 CODE 10 20 CODE 10 20 CODE 10 29 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 20 CODE 10 CODE 10 CODE 10 CODE 10 CODE 10 CODE 10 CODE 10 CODE 10	RESIDENCE OF DECEDENT	Keriab. Ce	SHCCI	SIIVEL	Spring		TIOH	Lyone	ТУ
SILVER SPITING STEER AND MUMBER SOL 20002 U.S.A. 10. MARCHAIL STUTUS U.S. A. 11. WAS COCKENT SPITING U.S. A. 12. WAS OCCEPTED TO U.S. A. 13. WAS DECEMBER OF MEMBER OF MARCHAIL SPITING OF WHAT COUNTRY U.S. A. 14. MARCHAIL STUTUS U.S. A. 15. WAS DECEMBER OF MEMBER OF MEMBER OF MARCHAIL SPITING OF WHAT COUNTRY U.S. A. 15. WAS DECEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMBER OF MEMB	0e. STATE 10b. COUNT	٧	10c. CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
The Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Code in the Co	Maryland Monto	gomerv	Sil.	ver Spr	ina				TYTY YES 2 NO
The MARK STATUS Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing	00. STREET AND NUMBER	3					10g. CIT		711
The MARK STATUS Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing Marcing	0/1 31- 3				20902		TI	CA	
Notes during 2 Married PORCESS 1 ES 3/FINO Types, specify Culture, Marketan, Poster Riem, etc.) Week, and was not noted by William Week, and was not noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William Week, and was not noted by William Week, and was noted by William Week, and was noted by William Week, and was noted by William We			IT EVER IN II S ADMED	12 WAS DEC	20202	IIC OBICINO (Secolo)			A 4 4 6
15. Observed 4 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 1 Discorded 2 Discorded 2 Discorded 2 Discorded 3 Discorded 3 Discorded 3 Discorded 3 Discorded 3 Discorded 3 Discorded 3	1 Never Married 2 Married			If yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.)	real or No—	Black,	White, atc.
Continue of House grader of House Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972) Continues (1972		IF YES, GIVE Y	MAR OR OATES " "	1 TYES	2 NO Spectf	y:		Specify	Black
Continue of Prince and American Continues Continue of American Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues Continues	15 DECEDENT'S FOR	CATION	Ter DEGERATION	1					
Domestic Worker Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Domestic Do	(Specify only highest grade	completed)	(Give kind of we	ork done during mo	on st of working	166. KIND OF E	IUSINESS/IN	DUSTRY	
TOLIS CRITICAL MARKE (PTOR. MARKE, MARK MARKER) MARKERS NAME (PTOR. MARKER) MARKERS NAME (PTOR. MARKER) MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MARKERS NAME (PTOR. MA	Elementary/Secondary (0-12)	College (1-4 or 5	+)						
India Chitchfield India Marchine (Propher) The MAILING ADDRES (Server and Number or Rural Rouse Number. City or Runs. Stans. 25 Code) The MAILING ADDRES (Server and Number or Rural Rouse Number. City or Runs. Stans. 25 Code) The Mailing Address of Rural Rouse Number or Rural Rouse Number or Rural Rouse Number. City or Runs. Stans. 25 Code) The Marchine Code of Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rura	UNKNOWN U	NKNOWN	Domesti	c Worke	r	Dome	stic		
The MAILING ADDRESS (Store and Mumber or Numl Roote Namber, City or Sews, Stein, Zip Code) To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave Department of Maple Ave Ave Ave Ave Ave Ave Ave Ave Ave Av	7. FATHER'S NAME (First, Middle, Lest)				16. MOTNER'S NA	ME (First, Middle, Mald	en Surname)		
The MAILING ADDRESS (Store and Mumber or Numl Roote Namber, City or Sews, Stein, Zip Code) To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave , #534, Takoma Park, MD 20912 To Maple Ave Department of Maple Ave Ave Ave Ave Ave Ave Ave Ave Ave Av	Louis Crutchfield	3			Lucy	Mae UN	KNOWN		
TO COMPANDE AVE. #534, Takoma Park, MD 20912 The substant of properties of properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properti			19b. MAILING	ADDRESS (Street a	and Number or Rural I	Route Number City or Y	own State Z	in Codel	
### MATION OF CREATION DATE 20c. LOCATION City or Town, State	anle M. Thuman							100	0013
Ballet 2 Cemeration Date righted Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s								
22. NAME AND ADDRESS OF PACILITY COlumbia Mortuary Services, Inc. 25. Missouri Ave, NW Washington, DC 20011 Approximation of dying, such as cerdiac or respiratory arrest, interval as services, or heart allure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	☐ Burial 2 ☐ Cremation 3 ☐ Bern	ovel from State	cametery, crematory or oth	ner plecel					
Columbia Mortuary Services, Inc. 225. Missouri Ave, NW Washington, DX 20011 Approximation in the disease, a complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiretory arrest, interval By MMEDIATE CAUSE (Fine) MMEDIATE CAUSE (Fine) MMEDIATE CAUSE (Fine) Approximation in the caused the death. Do not enter the mode of dying, such as cerdisc or respiretory arrest, interval By Onest and State of Columbia in the Columbia interval By Onest and State of Columbia in the Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia interval By Onest and State of Columbia inter	Charles and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	1	Geo Wash U				Washi	ngton	, D.C.
PART I. Entire the diseases, by Completations that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heert failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition) But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF):	H. BIGNATURE OF FUNERAL BERVICE LIC	ENGES 72		100					
Approxime Intervie Be diseases, a Fcomplications that caused the death. Do not enter the mode of dying, such as cerdisc or respiretory arrest, Approxime Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and I	N Ald	Mas							
MMEDIATE CAUSE (Finel Ideases or condition security in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	1 0000 1 000	11/40	run	225 Mi	ssouri A	ve.NW Was	hingt	on. D	C 20011
Consect and State Control Consect and State Control Consect and State Control Consect and State Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Cont	whick, or heart failure.	List only one cau	it caused the death. Do no	ot enter the mo	de of dying, suc	h ss cerdisc or res	piretory si	rrest,	Approximate
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that Intilated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A	17				11				Onset and Deat
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that Intilated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A		ari	teriosele.	2/12	Hear	L EXIL			1560
The series of the significent conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY FRANCH OF A CONSEQUENCE OF): 1	resulting in death)	DUE TO							1
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO	v III II II I		,						
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO	Sequentially list conditions,	b	IOB AS A CONSEQUENCE OF						-
DUE TO (OR AS A CONSEQUENCE OF): d		552 10	(OII AS A CONSEQUENCE OF)						
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED?	CAUSE (Disesse or Injury	C	100 10 1 000000000000000000000000000000						
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FRAMILLE PRIVATE PREPORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1		DUE 10	(OR AS A CONSEQUENCE OF)):					
AMAILABLE PRIOR TO COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION	Southly III dollary Exist	d							
AMAILABLE PRIOR TO COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION	PART II Other elanificant condition	a contribution to	doubt but not resident to						
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA THER: 1 Inpetient 2 ER/Outpetient 3 DOA THER: 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of DEATH 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Noture of Death 1 Notu				the underlying	g cause given in				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	Covie!	form	chon			1 🗆 YES	2-73-NO		COMPLETION OF CAUSE OF DEATH?
28. PLACE OF DEATH (Check only one) 1 YES 2 NO 1 Inpatient 2 EX/Outpetient 3 DOA MANNERO OF OSATN 1 North Return 5 Pending investigation 3 Suicide 8 Could not be determined 2 See. PLACE OF INJURY — At home, term, street, factory, office 2 See. DATE Of Injury North North See. (Specify) 28e. PLACE OF DEATH (Check only one) 27e. MANNER OF OSATN 1 YES 2 NO 28e. PLACE OF DEATH (Check only one) 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE							ΛΛ		
EXAMINER? 1 VES 2 DINO TOTHER: 1 Inpetient 2 ER/Outpetient 3 DOA ANNIER OF GEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not ba determined 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28e. PLACE OF INJURY AT — 28e. DESCRIBE NOW INJURY OCCURED 28e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 28e. SIGNATURE AND TITLE OF CERTIFIER 28e. SIGNATURE AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 28e. SIGNATURE AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						100000			
EXAMINER? 1 YES 2 DNO 1 Inpatient 2 ER/Outpatient 3 DOA DATE SI Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicide Accident Suicident Suicide Accident Suicident Suicident Suicident Suicident Suicid	5. WAS CASE REFERRED TO MEDICAL			26 Dt	ACE OF DEATH #CA	ant anti-anti-			
28a. DATE OF INJURY 1	EXAMINER?				DECE OF BEATH (CA	ack only one)			
Month, Day, Year) Natural		1 Inpetient 2	ER/Outpatient 3 DOA	Nursing Hom	e 5 🗆 Rasidence	8 C Other (Specify)			
2 Accident Suite Accident Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suit					URY AT	28d. DESCRIBE NOV	INJURY OC	CURED	
3 Suicide 4 Homicide 8 Could not ba determined 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Stre	A.A		11.9						
4 Homicide detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmined detarmine	2 Sulalda	28e. PLACE C	F INJURY — At home, term, st	reet, factory, offic		28f. LOCATION (Street	and Numbe	r or Rural Ro	ute Number,
(Check only 1 M CERTIFFIED WISCLAM: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 396. SIGNADARI AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10 MONTH SIGNED (Month, Day, Year) 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 298. Signadari And Address of Person who completed cause of Death (ITEM 27) (Type, Print) Suite 606 Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	4 Homicide determined	bunding,	arc. (Specny)			City or Town, Sta	te)		
(Check only 1 M CERTIFFIED WISCLAM: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 396. SIGNADARI AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10 MONTH SIGNED (Month, Day, Year) 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 298. Signadari And Address of Person who completed cause of Death (ITEM 27) (Type, Print) Suite 606 Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	On CERTIFIER								
DO 9 DO NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite 606 Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	(Check only								
Do 977) NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite 606 Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or investigation	, in my opinion, d	eath occured at the	time, data and place,	and dua to t	he cause(a)	and manner as stated.
NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	96. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	IRER	204 DA1	TE SIGNED	Month Day Year
Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	1	2/1		1)	DOGT	2	N 1	1	S TOBY
Suite 606 Richard Pollen, M.D. 10400 Connecticut Avenue, Kensington, Maryland 20895	10000	O COMPLETED ST		V	10011	//	1-1	DIN	111
DATE EU SD (Month Der West)	1	O COMPLETED CAU	SE OF DEATH (ITEM 27) (Type, I	Suit	e 606				
DATE EU ED (Mosth Der Vert		.D. 1040	00 Connecticu	t Avenu	e, Kensi	ngton, Ma	rylan	d 20	895
	I. DATE FILED (Month, Day, Your)		DIO CIONATURE						
MOV 01 mg	MOV 01 mg	20. 20	11 12 12						
JL Julian Market	32	June day	THE PERSON NAMED IN		-	-			OHNH.16 Pay 1

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

1	-	FOR STATE REGISTR	Αſ
Г	1. D	ECEDENT'S	M

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL

1 - STATE REGISTRAR		SIAIL OF IN	ANILA	CEF	RTIF	ICATE (MEN IA	REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)										OF DEATH			3. TIME OF DE	ATH
Teresa Eliz	abeth	Richmeie	r							Octo	ber 26	6, 19	92	6:38	Рм
4. SOCIAL SECURITY NUMBER	ER 5	. SEX	6. AGE (In	yrs. leat bi	irthday)	IF UNDER t YE		IF UNDER		7. DATE	OF BIRTH		S. BIRTH	IPLACE (State or	Foreign
074-16-877	2 1	□ M 2 😾 F		74	YRS.	MONTHS DA	WS.	HOURS	MIN.	8-10			New New	v York	
9a. FACILITY NAME (If not ins	titution, give stree	t and number)				9b. CITY, TO	WN OF	LOCATIO	ON OF D			9c. COL	INTY OF D		
Malcolm Grow	USAF 1	Medical	Cent	er		Andre	ews	AFB	, MI)		Pri	nce	Georges	S
10a. STATE	10b. COUNTY				10c. CIT	Y, TOWN OR L	OCATIO	ON						10d. INSIDE CI	TY
Maryland	Prince	Georges			Cam	p Spri	ngs	5						LIMITS?	NO K
10e. STREET AND NUMBER					0 00111	y open	4	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
7100 Murphy	Court						20	748				Un	ited	States	
11. MARITAL STATUS		2. WAS DECEOENT			D	13. WAS	DECE	NDENT O	F HISPA	NIC ORIGIN	7 (Specify Ye		14. RACI	E - American in	dlen,
1 Never Married 2 🔀 I 3 Wildowed 4 Divon		FORCES? 1 [IF YES, GIVE WA						NO	n, Mexica Specif	in, Puerto I ly:	Ricen, etc.)		Spec	k, white, etc. #y: White	
15. OECE	DENT'S EDUCAT	ION		16a. DECE	DENT'S	USUAL OCCU	PATION			16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-	highest grade coi	College (1-4 or 5+)	-	life. Do	NOT u	work done durir se retired.)	ng most	of workin	9						
		2		Hous	sewi	ife				- 1	Own H	ome			
17. FATHER'S NAME (First, Mic	ddle, Last)						\neg	18. MOTH	IER'S NA	ME (First, I	viddle, Maiden	Surname)			
Sherwood	N.	Moone	∋у					Cla	ıra		T	ouss	aint		
19e. INFORMANT'S NAME (Ty)	pe/Print)			19b. N	AILING	ADDRESS (St	reet and			Route Numb					
John J. Ric	chmeier	•				as #10									
20a. METHOD OF DISPOSITIO			20b. l			OF DISPOSITIO	_	e of		OAT	F 20c. LC	CATION -	City or To	wn State	
1 Burial 2 Cremation 4 Donation 5 Other		I from State		.S.U.			,			10-2		theso			
21. SIGNATURE OF FONERAL		SEE	, ~			22. NAN	AE AND	ADDRES	S OF FA	CILITY			iu, i		
	11	0011	/			Rap	o F	uner	al:	Servi	ces,				
23. PART I. Enter the die	Wh-1	e. Cus		00827		933	Gi	st A	ve,	Silv	er Sp	ring	, MD	20910	
IMMEDIATE CAUSE (Fine disease or condition resulting in desth) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	ons, late HG	Cardiog DUE TO (Arr	conseque	ck ENCE OF	n: ion									Between nd Death
PART II. Other significan	nt conditions o	contributing to d	leeth bu	t not resu	uiting	In the under	lying	ceuse g	iven in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
25. WAS CASE REFERRED TO EXAMINER?	H	IOSPITAL:				OTHER:	6. PLA	CE OF DE	EATH (Ch	eck only on	e)				
1 N YES 2 NO		inpetient 2 🗆		-		4 - Nursing			sidence	-					
27. MANNER OF DEATH 1 A Natural 5 P 2 Accident	ending	28s. DATE OF II (Month, Day		2	86. TIM INJ	IURY	WOR	K7	NO NO	28d. OES	CRIBE HOW	INJURY OC	CURED		
3 Suicide 8 C	Could not be etermined	28e. PLACE OF building, at	INJURY - Ic. (Specify	– At home,	, lerm, s	street, factory,	offica			28f. LOC	ATION (Street or Town, State)	and Numbe	r or Rural F	Route Number,	
29a. CERTIFIER 1 X CERTIF	FYING PHYSICIA	N: To the beat of n	w knowl-	don dont	000	ad at the star	det	nd etc.	and 4	to the	00/01	allicates	4-4		
		On the beels of exe												i) and manner as	stated,
29b. SIGNATURE AND TUPCE (OF CERTIFIER	1						29c. LICE	NSE NUI	MBER		29d. DA	E SIGNEO	(Month, Day, Year	r)
Louis	7/0	M										▶ 0	ctobe	er 26,	1992
30. NAME AND AODRESS OF	PERSON WHO C	OMPLETED CAUSE	OF DEAT	TH (ITEM 2	7) (Type,	Print) Ma	100	olm (Grov	J USA	F Med:				- / / /-
Keith M. Mor	cita. Ca	aptain,	USAF	, MC							20331-				
31. DATE FILED (Month Day, Y	bar)	30. REGISTRAR	'S SIGNAT	TURE		111				سد	-0001	2200			
OCT 27 '9	2	Freha Devi	don	March	E.										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

= below with

as 25 mg - 20 cm Marca

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	Αſ
ļ	1. D	ECEDENT'S	N
ı			G

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	_	CE	RTIFIC	ATE O	F DEATH	RE	G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
	GRACE	W.	ROSS					ER 26,	1992	11:55 A. M
ŀ	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last t		F UNDER 1 YEAR		7. DATE OF BI (Month, Day)	RTH Year)	8. BIRTH	HPLACE (State or Foreign
	220-10-9035	1 🗌 M 2 💢F	97	YRS.	Jan	MIN.	NOV .	16, 189	94 MAR	YLAND
	9e. FACILITY NAME (If not Institution, give so			9		N OR LOCATION OF DE			COUNTY OF D	
6	MANOR CARE - S	ILVER SP	RING		SILV	ER SPRING		1	MONTGO	MERY
<u>ا</u> ي	10e. STATE 10b. COUNTY	,		10c. CITY, 1	TOWN OR LO	CATION				10d. INSIDE CITY
E	MARYLAND MO	NTGOMERY		SII	LVER	SPRING				LIMITS?
4	10e. STREET AND NUMBER					101. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
ER/	10110 NEW HAMP	SHIRE AVE	NUE, #C-	-204		209	04		USA	
FUNERAL DIRECTOR	11. MARITAL STATUS	12 WAS DECEDENT		ED		ECENDENT OF HISPAN epecify Cuben, Mexico			- 14. RACI	E — Americen Indien, k, While, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	'		ES 2 NO Specify		etc.)	Spec	elfy:
	Λ	<u> </u>								WHITE
Ξ.	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	e kind of wor To NOT use r	BUAL OCCUP k done during retired.)	most of working	166. KINI	OF BUSINESS	S/INDUSTRY	
١٣	Elementery/Secondery (0-12)	College (1-4 or 5+)				MSTRESS	SE	WING		
COMPLETED	12. 17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	ME (First. Midella	, Meiden Surna	me)	
	J. C.	WARD				CLARA		,	,	
BE	19e. INFORMANT'S NAME (Type/Print)	WARD	19b.	MAILING AI	DDRESS (Stre	et and Number or Rural	Route Number, Ci	ity or Town, Stat	e, Zip Code)	
임	JUAN D. ROSS		9:	12 RO	BIN R	DAD, SILVE	R SPRI	NG, MD	20901	
	20a. METHOD OF DISPOSITION		20b. PLACE O	F DISPOSIT		cemetery, crematory or		20c. LOCATIO		
i	1 Donation 5 Other (Specify)	oval from Stata	PARKI	LAWN	CEMET	ERY		ROCKV	ILLE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LY	DENSEE				AND ADDRESS OF FA		THE PARTY A	I HOME	TNC
	> [Molana]	1 200			500	NCIS J. CO	Y BLVD	FUNERA.	STL	SP., MD 2090
	23. PART I. Enter the diseases, 61	complications that	caused the dea	th. Do not						Approximate
	shock, or heart failure	List only one caus	e on each lina.							Interval Batween Onset and Dasth
	IMMEDIATE CAUSE (Finel Videoase or condition	(aidis.	. Rec	non	of ar	rest			
ł	reaulting in death)	DUE TO (OR AS A CONSEOL	JENCE OF):	_				.)	100
z		b			CTE	RMINA	e De	MENT	TA	appoint
임	Sequentially list conditions, if sny, laeding to immediate	DUE TO (OR AS A CONSECU	JENCE OF):						Vigna
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c								1
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEOU	JENCE OF):						
CERTIFICATION		d								-
7	PART II. Other significant condition						Part I. 24a	. WAS AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	Cfn	once ,	pera	e 1	Du	lu	10	YES 2 N		COMPLETION OF CAUSE OF DEATH?
MEC										1 - YES 2 - NO
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			20 OTHER:	PLACE OF DEATH (C)	neck only one)			
Ž	1 TYES 2 NO	1 🗆 Inpetient 2 🗆		DOA 4	☐ Nursing	lome 5 - Reeldence	6 Other (Sp	ecify)		
H	27. MANNER OF DEATH	26e. DATE OF I (Month, De		26b. TIME INJUI	RY	INJURY AT WORK?	28d. DESCRIE	BE HOW INJUR	Y OCCURED	
BY	1 Netural 6 Pending 2 Accident Investigation					YES 2 NO				
	3 Suicide 6 Could not be	26e. PLACE OF building, (FINJURY — At hone etc. (Specify)	ne, ferm, str	eet, factory,	office		N (Street end No wn, State)	umber or Rural	Route Number,
COMPLETED										
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of r	my knowledge, dea	th occurred	st lhe lime,	date end piece, and du	e lo the cause(a) end menner e	e stated.	
Š	one) 2 MEDICAL EXAMIN	ER: On the beele of ex	amination end/or in	westigation,	In my opinio	n, death occured at the	lime, date end	place, end due	to the cause	(e) end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R D = 0:	- I. (2 n)	29c, LICENSE NU	MBER	29d	. DATE SIGNE	D (Month, Day, Year)
10 B			e ks	/		13:	5829		101	26/52
F	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUS	E OF DEATH (ITEM	Mype P	trint)					L'
	31. DATE FILED (Month, Day, Year)	32. HAGHSTRAE	R'S SIGNATURE	ml. 20						
	ULI 2' 9Z	- Tomare	- Indian	-						

1	-	STATE REGISTR	AR
Ε.		ECEDENT'S	MAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					OCITI	IVAL		DLA		REG.	NQ.			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH	
		Melvin	Raymond	Reed	er					October	9. 1	992	3:45 A.	м
	4. SOCIAL SECURITY NUMB		5. SEX		rs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign	,
	220-30-9838		1202M 2 □ F	80	YRS.	MONTHS	DAY8	HOURS	MIN.	Jan. 30	" 1912	Md.	try)	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	. TOWN (OR LOCATI	ON OF DE			UNTY OF		-
OC	5541 Mounty							amsto				eder		
6	RESIDENCE OF DEC					<u> </u>	1101	IIII CC	/WII		FL	eder.	ICK	
DIRECTOR	100. STATE 100. COUNTY 10c. CIT Frederick Ad						OR LOCAT	TION				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	_ :											1 X YES 2 NO	_
FUNERAL		Mountr	ille Rd.				101	2171					WHAT COUNTRY?	
H		Plount									-	.S.A	• * *	
3	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES :	S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIOIN? (Specifin, Puerto Rican, etc.	Yea or No-	14. RAC Blac	E — American Indian, ck, White, atc.	
BY	3 Widowed 4 Divo		IF YES, GIVE W					2 XNO			,		mite	
	21											1	inte	
王	(Specify only	EDENT'S EDUC highest grade	completed)	18	(Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON ist of workin	ng	16b. KIND OF	BUSINESS/II	NDUSTRY		- }
	Elementary/Secondary (0	-12)	College (1-4 or 5 -	+)		_								
M	6					farme	er				farmi	ng		
COMPLETED	17. FATHER'S NAME (First, M. Lorenzo R	ddle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Ma	iden Surname)			
BE	DOLCHZO K	CCUCL							Bess	sie Sigle	er			
10	19a. INFORMANT'S NAME (7)				19b. MAILING	AODRES	S (Street a	nd Number		Route Number, City or		(ip Code)		
F	Kenneth M.	Reede	r			E	E. Ma	ain S	st.,	Middleto	own, M	d. :	21769	
	20a. METHOD OF DISPOSITI			20b. PL	ACE AND DATE	OF DISPOS	ITION (Na	me of		OATE 200	LOCATION -	- City or Ti	own. State	
- 1	1X Buriet 2 Crematio		oval from State	°Re	sthave	the Men	oria	al Ga	arder	1510/12	reder	ick.	Md.	
- 1	21. SIGNATURE OF FUNERAL	-	ENSEE [22.	NAME AN	ID ADDRE	SS OF FA	CHITY				_
	Phylol 1	5(/h	478_			Dc 31	nalo	l B. Mair	Thom	npson Fur , Middle	neral etown,	Home Md.	21769	Н
	23. PART I. Enter the di	seasea, or c	omplicatione tha	t ceuead th	e deeth. Do								Approximate	\dashv
	enock, or ne	art ranure.	List only one cau	ee on each	line.		.,						intervel Betwe	
	iMMEDIATE CAUSE (Fin disease or condition	al .	Den	Mines	101.1	da	12/2	12 -					Onset and De	eth:
l	reaulting in deeth)	7	OUE TO	OR AS A CO	row	170	nin	re.	-				Den u	0140
_			11	Alman S	Λ/	200	1.		0,,	and di	4.4		Flore	
CERTIFICATION	Sequentially list conditi		DUE TO	CORASACO	NSEQUENCE O	25/10 C	uu	w	LUV	y an	unc		man y	Car
AT	if any, leading to immediate. Enter UNDERLYI		Co	hem	in 0/	0	1000	^ -		0			Maine 1	,
	CAUSE (Disease or inju-	ry 🥻 '	DUE TO	OR AS A CO	NSEQUENCE D	D: 10	wy	7.					The state of the	CAV
EI	resulting in death) LAS	r I	Qe.	oh al	4 1	Link	1100	01-8	,	n. 11 .	7.		mains 1	
8			1		-) - 1	uei	VIIY	VINC	U	armer	NS		The state of the	reev
	PART II. Other significes	nt condition	contributing to	deeth but	not resulting	in the un	deriying	Ceuse g	jiven in	Part i. 24a. WAS	AN AUTOPS	248	. WERE AUTOPSY FINDING	GS
EDICAL	Coursed	Lien	Croas	- 6	aplace of						FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	BALLAN	1	01/10/10	17	hance					1	S 2 KNO		OF DEATH?	
Σ	_ Except to	w)	auren		MERL	<u> </u>				- I	(1 TYES 2 THO	
PHYSICIAN:		/	/											
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF O	EATH (Chi	ick only one)				
XS.	1 YES 2 NO		1 Inpatient 2		nt 3 🗆 DOA			· 5y An	sidenca	6 Other (Specify)				
표	27. MANNER OF DEATH	2020	28a. DATE OF (Month, Di		28b. TIN	IE OF	28c. INJ	URY AT		28d. DESCRIBE HO	W INJURY O	CCUREO		
B≼		Pending nvestigation		-		M	en t 🗌 Y	/ES 2 [NO					
		Could not be	28s. PLACE O	etc. (Specify)	At home, ferm,	atraet, fact	ory, office			28t. LOCATION (Str City or Town, S	eet and Numb	or or Rural	Route Number,	_
	4 Homicide	letarmined		, , , , , , , , , , , , , , , , , , , ,					-	City of lown, 3	ialo)			
ון ב	29a. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the beat of	my knowledo	a death occur	ad at the ti	me data	and also-						
COMPLETED													s) and manner as stated.	
8					and investigation	, iii y	pillion, di	earli occur	aci fir lish	time, oata and place	, and dua to	ine cause(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	- 4	1111				29c. LICE	NSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
0	VIV	ray.	/	000)				1)	180	767		10	123197	
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	, Print)						1	11/10	
		~												
	31. DATE FILEO (Month Day,)	4 1992	32 REGISTRA	A'S SIGNATU	Reandall							-	-	
	UUII	4 1332	- 1	(4030)	1									1

1	•	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TN	YEAR 3.	TIME OF OEATH
		e Claretta				10	10	92	1315 M
	4. SOCIAL SECURITY NUMBER 220–28–8178	1 - M 2x F 6	E (In yrs. last birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT Sept. 19	1928	Md.	ACE (State or Foreign
риестон	90. FACILITY NAME (If not institution, give a Frederick Memor RESIDENCE OF DECEDENT		1	9b. CITY, TOWN	or location of Di Frederic		110	ederi	
	10a. STATE 10b. COUNTY			, TOWN OR LOCA	rederick			100	d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 6019 Greenfi				M. ZIP CODE 21702		10g. CITIZ	EN OF WHA	AT COUNTRY?
109. STREET AND NUMBER 6019 Greenfield Dr. 21702 109. CITIZEN OF WHAT COUNTRY? U.S.A. 11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Neve								Vhite, etc.	
COMPLEIED	15. DECEDENT'S EOU- (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT use domest	rork done during m e retired.)	ON ost of working		of Business/INDI	USTRY	
1	17. FATHER'S NAME (First, Middle, Last)	**	dones		18. MOTHER'S NA	ME (First, Middle, N			
	Clare	ence M. Men		4000F00 W	Mazi	e Long		1000	
	Nancy Myers				Took Rd.,				758
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	206. PLACE AND DATE OF COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY COMPANY	her place) netery		10/13 Bt	LOCATION — C LICKITTSV		
	21. SIGNATURE OF FUNERAL SERVICE UP	ENSEE WAY		Dona.	ND ADDRESS OF FA Ld B. Tho Main St	mpson fu			21769
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR A	YE METH S A CONSEQUENCE OF) :	SQUAM		LL LUN CANCE		Interval Between Onset and Death 2 1/2 1/4 G
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	S A CONSEQUENCE OF						
	PART II. Other significant condition	s contributing to deati	h but not resulting i	n the underlyin	ng cause given in	PI	AS AN AUTOPSY ERFORMED? 'ES 2 1 NO	AA CC	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 JANO
+	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1) Inpatient 2 ER/O 28a. DATE OF INJUF (Month, Day, Yea	TY 285. TIME	4 Nursing Ho	JURY AT ORK? YES 2 NO		NOW INJURY OCC	URED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJU building, etc. (S	JRY — At home, farm, s specify)	treet, factory, offi	ce.	281. LOCATION (S City or Town,	Street and Number (State)	or Rural Rou	te Number,
		CIAN: To the best of my kn							nd manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER	Hound,	MO		29c. LICENSE NUI	16/	29d. DATE	SIGNED (M	onth, Day, Year)
	BRIAN M. 8'C	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type,	Print) W. SEU	ENTH S	T FRE	BERICK	MA	21701
	31. DATE FILED (Month, Day, Year) OCT 1 4. 1992	32. REGISTRAR'S SI	GNATURE Andelle				,		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,3 to be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

ta	of b	
hosp	che	6
the	det	0
4	d b	E ST
jeni	hou	E E
100	S	not
y be	page	9
Ë	tor,	T S
906	direc	F
P	Pra	Ē
deat	5	exa
after	y the	20
25	D I	Pe
동	illed	
in 2	ely 1	, #
with	nple	100
petri	00	8 3
exec	and	H SE
200	iciar	2
ficat	and a	
Cert	ding	2
eath	atten	, O
he d	the	uje.
hat t	7	J Y
res t	gne	60
edni	S He	P S
MP.	is be	23
The	te ha	E .
IAN:	tifice	5 =
YSIC	S Ce	Ď,
F	出	arke
DING	Afte	8
TEN	TOR.	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the building community or seconds.	De lieu wild it indus alse beat will be care cept, or regul and mental righers profit to bothat, centratory, or either traumatic event, the medical examiner must be notified at once,
AL O	910	7 2 2
SPIT	NER	Ë
5	F	HA
五	F	2
2	2	3 =

											9	2	3	194	0
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND	DEPAR					MENTA		E				
	1. DECEDENT'S NAME (First, Middle, Last)			ENTIR	ICAI	E OF	DEA	ı n		REG. NO.					
- 3	2024	al-	E	Zal	- 1		.).	_	MONT	TH DA		YEAR	3. TIM	E OF DEAT	н
	4. SOCIAL SECURITY NUMBER	Y BEY	6. AGE (In yrs. In		6	1	T = 11 = 1		12		> -	72		- 10	P M
	239-20-8631	1 😡 M 2 🗆 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	925	B. BIRTI	N .	(State or Fo	reign
l j		25	07	THS.						0 1				U.	
_	9a. FACILITY NAME (If not institution, give st	,					OR LOCATI		HTA		9c. COUN				
0	2009 Rockland A	ve.			K (ockv	i111	е			Mo	ntg	gome	ery	
S S	10a, STATE 10b, COUNTY			10c. CIT	Y TOWN	OR LOCAT	MON	_					104 11	NSIDE CITY	
E	Md. Montg	omerv				i11e							U	IMITS?	
FUNERAL DIRECTOR	10e. STREET AND NUMBER	<u> </u>		110			, ZIP COD	-			10- CITI	TEN OF		VES 2 DUNTRY?	NO
RA	1506 Farr Rd.							851				3 . A .		OUNTRY	
Z	11. MARITAL STATUS	12. WAS DECEDEN	T CHES BLACK							e and the same of					
F	1 Never Married 2 Married	FORCES? 1	YES 2	₩60	13.					N7 (Specify Yes Rican, etc.)	or No-	14, RAC Blac	E — Am k, White	erican India , etc.	nrs,
В	3 🔣 Widowed 4 🗌 Divorced	IF YES, GIVE V	AR OR DATES			1 TYES	2 🙀 NO	Specify	r:			Spec	W!	hite	
	15, DECEDENT'S EDUC	CATION	16a, Di	ECEDENT'S	USUAL C	CCUPATIO	ON		16	b. KIND OF BUS	INESS/IND	HSTRY			
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		Give kind of a. Do NOT u	work done	during mo	st of world	19	- "	w. Killy OF BOS	MACOOMAD	USINI			
7	6th	Conege (1-4 or 5		o me	echa	anic									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-		Υ	HED'S NA	ME /Elmi	Middle, Maiden	Cumment				_
	Joseph Ralph, S	r.					Clai				Someme)				
BE	19a. INFORMANT'S NAME (Type/Print)		46	b MAH INC	ADDRES	P (Chanal o				nber, City or Town	O-1-7-	0.4.			
5	JoAnn Canterbur	v								ockvi			1 20	1851	
	20a, METHOD OF DISPOSITION							L It u	_	TE 20c. LO					_
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Remo	oval from State	29b. PLACE cemetery, cri	enteriory or	the place	SITION (NE	ime of			16 R					
	4 Donation 5 Other (Specify)	ENSEF		I dil			ND ADDRE	CC OF EA	_	19 1	UCKV	T T T	е,	riu.	
1										Home					
	Destiton				F	Rarn	PSV	i 11a	M	d 20	878				
	23. PART I. Enter the diseases, or o shock, or heart failure.	omplications the	t caused the de	eath. Do	not ente	r the mo	de of dy	ing, suci	h as car	dlec or respi	ratory arr	eat,		Approxima	
	IMMEDIATE CAUSE (Final	212, 372												Onset and	
	disease or condition resulting in death)		Car	Dio'	00	200	lav		70	(5-0	-59		ļ		
		DUE TO	(OR AS A CONSE	QUENCE O	F):										
Z	Sequentially list conditions,	х													
ERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):										
2	CAUSE (Disease or Injury	N													
H	that initiated events resulting in death) LAST	DUE TO	(DR AS A CONSE	QUENCE O	F):								-		
		1													
2	PART II. Other significant conditions	s contributing to	death but not	resulting	in the u	nderlyin	g cause (given in	Part I.	24s. WAS AN	AUTOPSY	248	. WERE	AUTOPSY FII	NDINGS
MEDICAL										PERFOR				BLE PRIOR	
									_	1 - YES 2	NO.		OF DE		
									_				1 📙 Y	ES 2 N	10
A	25. WAS CASE REFERRED TO MEDICAL					26 04	ACE OF D	EATH /Ch	nak aati a						
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	T T T T T T T T T T T T T T T T T T T		OTHE	R:	1/	4							
¥	27. MANNER OF DEATH	1 Inpatient 2	· · · · · · · · · · · · · · · · · · ·	28b. TIN		28c. INJ		sidence		er (Specify) SCRIBE HOW II	N II III OO	HIDED			_
	1 Natural 5 Pending	(Month, D			URY	WO	YES 2	7 40	200. DE	SCHIBE HOW II	NORT OCC	UNED			
B	2 Accident Investigation	28a PLACE O	F INJURY — At h	ome form	street for				201.1.0	CATION (Street a			D W		
	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	onno, narm,	ocione, inc	nory, orne	•			or Town, State)	nd Number	or Hunii	HOUSE NU	ATTEMP,	
ш	An OPERTICIES														
APL	(Check only														
COMPL	2 MEDICAL EXAMINE	R: On the basis of s	xemination and/or	investigation	n, in my	opinion, d	leath occur	red at the	time, det	s and place, an	d dus to th	e cause(s) and m	anner es st	ated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICI	ENSE NUN	BER	_				Day, Year)	
8	00 L	Jours /	Lon	~	\supset		D	583	2	6	> 1	0 -	12.	95	
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAR	SE OF DEATH ATE	M 27) /5ma	Deint)									1//	17

WIS consin

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Livy Woon-Rando

31. DATE FILED (Month, Day, Year)
OC.T 1 9

1992

12me Th

ACE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
CERTIFICAT	E O	F DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	ENT OF H	EALTH AND DEATH		YGIENE EG. NO.	- 01341
1. DECEDENT'S NAME (First, Middle, La Helen	B. ROSTOSK	Y			2. DATE OF E	DAY	year 7:05 P M
4. SOCIAL SECURITY NUMBER 143-26-5582	1 🗆 M 2 💢 F	yrs. lest birthday) IF U	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De) July	r, Year)	BIRTHPLACE (State or Foreign Country) Lew Jersey
Rt. 3 (1)	U.S. Rt. 560)	9b. (er Park	EATH		Y OF DEATH
Rt. 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COU MD 10c. STREET AND NUMBER Rt. 3, (U.S. 11. MARITAL STATUS 1. Naver Married 2. X Married			WN OR LOCATI				10d. INSIDE CITY LIMITS? 1 YES 2 W NO
Rt. 3, (U.S.	Rt. 560)			ZIP CODE 2 1550			USA
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, spe	ENDENT OF HISPAL city Cuben, Mexica 2 NO Specti	in, Puerto Rican	pecify Yes or No— 1- i, etc.)	4. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) 5+	18a. DECEDENT'S USUA (Give kind of work di He. Do NOT use retin	lone during mos red.)	N t of working	Sec	or BUSINESS/INDUS condary Ed Physical E	ucation/
	Babir	1		16. MOTHER'S NA		s, Maiden Sumame)	Dunov
100 INCOMANT'S NAME (Trackles)	Dabii		RESS (Street ar			ity or Town, State, Zip C	Dupey
Michael Rostosky	У						1550
20e. METHOD OF DISPOSITION 1	emoval from State ceme	tery, crematory or other planes C	remato	ry			wn, West VA
21. SIGNATURE OF FUNERAL SERVICE	Menad		Stew 32 S	art Fundant Second	eral Ho	Oakland,	MD 21550
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Acute Mye	elocytic Leconsequence of:			n sa cardiac	or reapiretory arres	Approximata Interval Between Onset and Death Months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A C	CONSEQUENCE OF):					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	iona contributing to death bu	t not resulting in the	o underlying	cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
	1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOF	BK7		BE HOW INJURY OCCU	RED
2 Accident Investigation	26a. PLACE OF INJURY building, atc. (Specific	- At home, farm, street,	tectory, office	ES 2 NO	28t. LOCATION City or Tox	N (Street and Number or vn, State)	Rural Route Number,
	YSICIAN: To the best of my knowle- INER: On the besis of examination						
296. SIGNATURE AND TITLE OF SERVICE	A Ashard	M	D	29c. LICENSE NUI	MBER 27205		11/2/92
Dr. Karl Schwalm		rh (ITEM 27) (Type, Print) Fourth St.	. Oak	land. Ma	rvland	21550	
31. DATE FILED (Month, Day, Year)	32. DEGISTRAR'S SIGNAT		, our) = unu	- 1000	

3. TIME OF DEATH

2209

10d. INSIDE CITY

1 ☐ YES 2 THO

8. BIRTHPLACE (State or Foreign

New Jersey

14. RACE — American Indian, Black, White, etc.

21801

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

Approximate Interval Between Onset and Death

Specify:

white

YEAR

WICOMICO

USA

the burial-transit permit. Pages 1, 2, 3 should 98 use 10 be notified at once. page must director, examiner funeral n by the fi medical filled in by ō has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the traumatic event, other t 6 Injury. 23 shows any After this certificate I death with the State 0

spital or attending physician.

ND 21215-0020

BALTIMORE. Раде 6 тау

hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

) THE HOSPITAL OR ATTENDIN) THE FUNERAL DIRECTOR; Af if fled within 72 hours after de

TO THE FUNERAL TO THE FUNERAL DE filed within 72 h

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

marked.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

10

...

Item 28

resulting in death) LAST

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH LEONARD RICHINS 10 7. DATE OF BIRTH (Month, Day, Weer 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. 150-27-6142 1 😡 M 2 🗌 F 59 09/ 29/ 33 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Salisbury Maryland Wicomico 10a. STREET AND NUMBER 10f. ZIP CODE 10s, CITIZEN OF WHAT COUNTRY? Rt. 11, Box 478 21801 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 K Marrie 1 YES 2 NO Specify: 3 Widowed 4 Divorced Army 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) owner/operator 4 fitness center 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Leonard (unk) Richins (unk) Ulrich Ruth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy Richins Rt. 11, Box 478 Salisbury, MD 21801 20a. METHOD OF DISPOSITION

1 🔀 Burlal | 2 | Cremation 3 | Re
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 10/29Salisbury, MD Parsons Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICI 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 23. PART I. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events

					1 VES 2 NO
WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)	
1 YES 2 NO	HOSPITAL: 1 Inpetient 2-15-ER/Outpetient		HER: Nursing Home 5 - Residence	6 Other (Specify)	
MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCUI	RED
3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street	, factory, office	281. LOCATION (Street and Number or City or Town, State)	Flural Route Number,

29a. CERTIFIER 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part (.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

UCUST

30 NAME AND ADDRESS OF P

				("
ENN!	2 2	CHODI	VICKI	QUILLEY 61

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 2 7 1992 Julia Davidson-Randell

SALISBURY MA SVI 21801

10-25-9

24a. WAS AN AUTOPSY

1 □ YES 2 □ NO

DHMH-16 Rev 1/89

45		j
page		
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 🕏		
funeral		
the state	3	
à	emo	
5	-	
filled	on, o	
mpletely	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
oo pu	burial,	
ë	9	
siciar	prior	
5	9	
Dujpu	Hygie	:
e afte	ental	
=	2	1
5	an	
signed	Health	
96	6	
has by	Dept.	-
Scate	State	
the state	the	
this c	with	
After	death	
è	ler	
E	a	-
DIRE	NOURS	

92 31943

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		NTAL HYGIE	NE.	92 31943
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF DEATH
	Casimer	Walter		Rydzewsl	ci		9.2	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		R 24 HRS. 7.	DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218-05-1655		74 YRS.	ONTHS DAYS HOURS	11	04/23/18	1	Maryland
OR	9a. FACILITY NAME (If not institution, give Peninsula Region RESIDENCE OF DECEDENT	THE CONTRACTOR		Salisbury		4		Y OF DEATN OMICO
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			TOWN OR LOCATION				
DIRECTOR	CALL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	omico		isbury				10d. INSIDE CITY LIMITS? 1 YES 2 HO
A	10e. STREET AND NUMBER			10f. ZIP COD	E		10g. CITIZE	N OF WHAT COUNTRY?
Ë	1306 Sylvia Stre			2180	1		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 NO DATES	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	an, Mexican, P	ORIGIN? (Specify Yourto Rican, etc.)	os or No— 14	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION .	16a. DECEDENT'S US	UAL OCCUPATION		16b. KJHD OF BU	JSIHESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during most of work etired.)	ng			
MP	8		Clerk			Railro	ad	
00	17. FATNER'S NAME (First, Middle, Last)		52			(First, Middle, Maide		
BE		() Rydzewski				(unk) Ba		
2	19a. IHFORMANT'S NAME (Type/Print)			DRESS (Street and Number				
	Jeannette Rydze			Goodluck Ro	l., Api			
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20	b. PLACE AND DATE OF I	place)	1	PERSONAL PROPERTY.		y or Town, Stata
	21. BIGNATURE OF FUNERAL SERVICE LI		iory Kosar	ZZ. NAME AND ADDRE		10/28 Ba	I L IMOT	e, MD
	· WRI	Men	\ /	Holloway			ichuru	, MD 21801
	23. PART I. Enter the diseases, or	complication that cause	d the death. Do not	enter the mode of dy	ing, such a	s cardiac or resp	iratory arres	t, Approximate
	IMMEDIATE CAUSE (Final	List only one cause on	each line.					Onset and Death
	disease or condition	· Cardo	ec	are, the	20			
		DUE TO (OR AS	A CONSEQUENCE OF):	5_				
Z O	Sequentially list conditions,	· con	cery a	18845	oll	eco2	_	
Ē	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSÉQUENCE OF):		-	1.0		
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR/AS	A CONSEQUENCE OF:	a arm	1	face	ere-	
CERTIFICATION	resulting in death) LAST							İ
삥		d.						
첫	PART II. Other significant condition	as contributing to death i	out not resulting in t	the underlying cause	given in Par	1 I. 24s. WAS AF PERFO		246. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă						1 🗆 YES	I I NO	OF DEATH?
ž								1 YES 2 NO
Ž.								
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:	0	26. PLACE OF D	EATH (Check of	only one;		
₹	27. MANHER OF DEATH	1 □ Inpetient 2 PSPUOUS 28s. DATE OF INJURY		☐ Nursing Home 5 ☐ Re				
BY PHYSICIAN: MEDIC	1 Natural 5 Pending	(Month, Day, Weer)	38b. TIME O			d. DESCRIBE HOW	INJUSTY OCCUP	NED.
	2 Accident Investigation 3 Building 5 Could not be	28e. PLACE OF INJUR	/ — At home, farm, street			LOCATION (See)	and Market and	A SECURITY OF SECURITY
COMPLETED	4 Hamicide Gould not be determined	building, etc. (Spe	cify)	on sector y strong	- 1"	City or Resert. State	and reumber or	Rurel Route Number,
1 4	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my know	riedge, death occurred a	d the time data and place	and due to t	ha assacia)		
NO.	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation, is	n my opinion, death occur	red at the time	, data and place, a	nd due to the c	ause(a) and menner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIE				EHSE NUMBER			IGHED (Month, Day, Year)
BE	MAN	ft_		0	7 9 7	v 9	b /	1 /2 7 /0 3
2	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	rit)	~//		/ /	1-1172
	William Robins		1104 Hed	a HIS Way	Dr.	Salish	Ury,	mo21801
81	31. DATE FILED (Month, Day, Year) OCT 2 7 1992	32. REGISTRAR'S SIGN	IATURE					

. pr

y 4750.

1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	A	EG. NO.			
0.	1. DECEDENT'S NAME (First, Middle, Last) STANLEY		RATO	CLIFF		2. DATE OF I	er 5	1, 1	992 0	TIME OF DEATH 3:20 A
	4. SOCIAL SECURITY NUMBER 220-10-0718	1 X M 2 D E	E (In yrs. lest birthday) 7 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Date 3-25-	y, Ybar)		Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (# not inatitution, give str Memorial Hospital	,	Center	•	rland					
5	RESIDENCE OF DECEDENT									
DIRECTOR		eral		dgeley	TION					d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	Rt. 1 Box 342,	Robin Dr.	7.	10	26753			US	ZEN OF WHA	T COUNTRY?
BĄ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puerto Ricar	pecify Yes i, etc.)	or No-	14. RACE — Black, W Spacify: Whi	American Indian, filte, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION (Completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIN	O OF BUS	INESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during mo e retired.) .red Sea:		Men	char	nt Ma	rine	
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Maiden S	Surname)		
BE 0	George Washingt	on Ratcliff			Ida Fra	nsis La	andes	3		
10	Hosp. Rec./Donor	Info.	19b. MAILING	ADDRESS (Street i	and Number or Rural I	Route Number, C	aty or Town	, State, Zip	Code)	
	20s. METHOD OF DISPOSITION 1		Ob. PLACE ANO DATE OF ONE WVU-HGR,	her place)	ame of	DATE			city or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	WYO HOLL		ND ADDRESS OF FA	CILITY	<u> </u>	HOL	gantov	VII.
_	1/1/47/6			WVU-H	GR, Morga	antown	WV	265	06	
	23. PART I. Enjoy the disease, or control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	Ist only one cause on	each line.			h as cardiac	or respir	atory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	HEART		6				
	PART II. Other aignificant conditions	contributing to death	but not resulting I	n the underlyin	a ceuse given in	Part I. 24s	. WAS AN	LITOPSY	24h WF	RE AUTOPSY FINDINGS
H: MEDICAL	CEREBRO VA						PERFORE	MED?	CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 ND
₹ I	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE DF DEATH (Chi	not only one)				
3	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Ou	doctions 2 DOA	OTHER:		3/ 5_1 10				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY			BE 5 Residence	6 Other (Sp 28d. DESCRIE	**	HIEV CC	NIDEO	
	1 Natural 5 Pending	(Month, Day, Year)	NA . INJ	URY WO	YES 2 ND	200. DESCRIE	ME HOW IN	JUHY OCI	UNED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUR	RY — At home, ferm, a			28f. LOCATIO	N (Street as	nd Number	or Rural Route	n Number,
	4 Homicide detarmined					City Of 10	wii, State)			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my kno								d menner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER	(DRA)	M.6.		29c. LICENSE NUN			29d. DAT		onth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO Dr. Dinesh Shah	COMPLETED CAUSE OF D	Pinto,		1556				72/16	
	31. DATE FILED (Month, Day, Year)	32. PERMITS SIG					-			

tal or attending physician.
For use as the burla-transit permit. Pages 1, 2, 3 should

21215-0020 BALTIMORE, MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retailed to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	hours after death. Page a may be returned by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral direct. Dates is amount to death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner munt becomed at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be meaning by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must received at once.	

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF I		MENTA	HYGIEN REG. NO.	E		
()	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		SAR 3. TI	ME OF DEATH
	JOHN	Jo	seph	ROUSH:	Sr.	10	29			•30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE	OF BIRTH	1.0	BIRTHPLAC	E (State or Foreign
	215-42-6418	1 🔀 M 2 🗆 F	49 YRS.	MONTHS DAYS	HOURS MIN.	12/	16/194	2 P	Country) ittst	urgh, PA
_	Sn. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY		
S S	117 McKINNEY	TOWN RD.		North	East			CECI	т	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~	I as an	TY, TOWN OR LOCA				L C.F.C.I		
E	36 4 4		355	The real					-	INSIDE CITY LIMITS?
	Maryland Cec	11		North Ea	N. ZIP CODE					YES 2 NO
RA	700 Bethel Churc	h Road		100	2190	١1		10g. CITIZEN		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	WED IN I.O. ADVECT						.S.A.	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 25 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2XXNO Specific	an, Puerto f		or No- 14.	Black, Whit Specify: W	
COMPLETED	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b.	KINO OF BUS	SINESS/INDUS	TRY	
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m use retired.)	ost of working					
린	12	1	Engi	neering	Technici	.an	Indus	trial		
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Sumame)		
BE (William P. Rous	<u>h</u>			Mildre	d Obe	erg			
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
- 1	Sandra J. Roush		700 B	ethel Ch	urch Roa	d No	orth E	ast, M	D 21	901
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ren	noval from State	20b. PLACE AND DATE cemetery, grematory or o		ama of	DATE	20c. LO	CATION — City	or Town, S	tate
	4 Donation 5 Other (Specify)		North Eas	t Method			Nor	th Eas	t, MD	
	21. SIGNATURE OF PUNERAL SERVICE OF	f line	.6	Crouc	h Funera . Main S	1 Hon		Fact 1	MD 0	1001
\neg	23. PART i. Enter the diseases, or	complications that c	nised the death. Do.							1901
	IMMEDIATE CAUSE (Final	List only one cause	GUMLOT						'	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OF	R AS A CONSEQUENCE O	PF):						
AL C	PART II. Other significant condition	na contributing to de	ath but not resulting	in the underlyin	g cause given in	Part I.	24s. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
				,			PERFOR		AWAIL	ABLE PRIOR TO PLETION OF CAUSE
BY PHYSICIAN: MEDIC						_	1 YES 2	□ NO	OF D	EATH?
-							46200 C	My		YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	heck only on	6)			
SIC	EXAMINER? 1X YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence					
<u></u>	27. MANNER OF DEATH	28s, DATE OF INJ	IURY 28b. TIN	AE OF 28c. IN.	JURY AT	v		OODS	ED	
<u>-</u>	1 Netural 5 Pending 2 Accident Investigation	10-28-			YES 2 X NO	- 2				
	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF IN	JURY - At home, farm.	street, factory, offic	:•	281, LOC	ATION (Street o	- FLTC	TED	WOUND
	4 Homicide determined	building, atc.	. (Specify) WOODS			City	or Town, State)	NGECI		
	290. CERTIFIER	ICIAN: To the heat of an	knowledge, death occurr		object selv				TOWN	, 8 R
COMPLET	one) 2 MEDICAL EXAMINE	ER: On the basis of exam	Instion end/or Investigation						euse(s) and	manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Un.01			29c. LICENSE NUI	MBER		29d. DATE St	GNED (Mont	h, Day, Year)
2	white me	NW			ОСМ	F		10	20_1	002
	10 HAME AND ADDRESS OF PERSON WI	D. WRou	45111 Pe		eet, Ba	altir	more,	2.0		21201
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	CICALATTINE							
	OCT 30'92		on Pandell							

	2. 3 should	
	nit. Pages 1, 2, 3 s	
	Sermit.	
is a dill	transit (
*	٩	
Ñ	Æ	٦
ł	報報	1
5	3	9
Bull	0 p	
2	ache	
240	det	
2	P P	
	NOU.	
200	5 5	
an an	lirector, page 5 should be detached for use at the	
	ctor,	
2	dire	
course age of may be retained by the mapin	funeral	
	ed in by the	oval.
9	9	or remov
2	- Pa	ŏ
1	N E	tlon,
	letel	ema.
	ошо	d, C
	o pc	Duri
	an a	2
	Sici	prior
	F	ene
	oding	Š
-	atte	ntal
	the	Me
	6	ealth and Mental Hygiene prior to burial, cremation,
	igned by the attending physician	aalth

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dett. of Health and Mental Hyglere prior to burial, creman IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA		PARTME TIFICA				MENT	TAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First.	, Middle, Last)									ATE OF DEATH			3. TIME OF DEATH
	Paul	Ri	chard	Robbi	ns						NTH D	ay 1	YEAR	6:20 p w
	4. SOCIAL SECURITY NUME	PER	5. SEX		yrs. last birth	nday) IF UN	DER 1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH		a. BIRTH	IPLACE (State or Foreign
	218-20-26	77	1 X M 2 - F	6	56 YI	RS. MONT	HS DAYS	HOURS	MIN.	77	27/192	6	Count	ryland
	Sa. FACILITY NAME (If not in	stitution, give a				9b. C	SITY, TOWN	OR LOCAT	ION OF D		01/100		NTY OF D	
E	Memo	rial	Hospital				_					***		
18	RESIDENCE OF DEC		Mospital				Eas	Lon					Tal	.bot_
DIRECTOR	10e. STATE	10b. COUNT	Y		100	c. CITY, TOW	N OR LOC	ATION						10d. INSIDE CITY
ā	Maryland	Do	rcheste	er		Cam	brid	dge					ĺ	LIMITS?
A	10e. STREET AND NUMBER						-10	Of. ZIP COD	Œ			10g. CITI	IZEN OF V	WHAT COUNTRY?
1 6	2116 Horn	's Po	int Roa	hd				21	613				US	
FUNERAL	11. MARITAL STATUS	0 10	12. WAS DECEDED	T EVER IN C	U.S. ARMED		13. WAS DE			NIC ORI	GIN? (Specify Ye	s or No		E — American Indian,
	1 Never Married XX		FORCES?				If yes, s	s X X NO	an, Mexica	an, Puer	rto Rican, etc.)		Black	k, White, etc.
BY	3 Widowed 4 Divo	orced						- AL M	Ороси	· .			oper.	""White
	15. DEC	EDENT'S EDU y highest grade	CATION	1	18a. DECEDE	NT'S USUA	L OCCUPAT	ION			18b. KIND OF BU	SINESS/INC	DUSTRY	
1	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do N	nd of work do VOT use retire	nd.)	HOST OF WORK	ing					
F	12				Acc	ount	ant							
COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (Fire	st, Middle, Maiden	Sumame)		
BE	Herman	Rob	bins					G	ethe	21	Pritch	ett		
	19a. INFORMANT'S NAME (7	Type/Print)			19b. MA	ILING ADDR	ESS (Street	and Numbe	r or Rural .	Route N	lumber, City or Tox	m, Stotu, Zic	Code)	
2	Alice An	n Rob	bins		21	16 H	orn'	s P	t. F	₹d.	Cambr	idge	e, M	ld. 21613
2	20s. METHOD OF DISPOSITI	ION		20b. P	PLACE AND D				-			CATION —		
	1.△ Burlal 2 U Crematio		oval from State	_ cemen	TIOC	h other	ürch	var	d	11				, Md.
	21. SIGNATURE OF FUNERAL	L SERVIÇE LIC	CENSEE				22. NAME /			CILITY				,
		-11				- 1	Thom	nas 1	Fune	era.	l Home			
	At h	D HAS	200	- 6			700	Loca	ust	St	. Camb	ride	je,	Md. 21613
	23. PART I. Enter the di shock, or he	iseases, or o	complications the List only one can	it caused t	the death.	Do not en	iter the m	ode of dy	ing, suc	h an c	ardiac or resp	iratory an	rest,	Approximata
	IMMEDIATE CAUSE (Fin											-		Internal Detuces
= 1		nal		_	-		1.		,					Interval Between Onset and Daath
	disease or condition	nal -			-	JEL	INC		,					
40114	disease or condition resulting in death)	→	a	(OR AS A C	-		/NE	ARC	-Do	,N	14			
N	resulting in death)	+	a. DUE TO		Bon	CE OF):			-Do	,N	14			
TION		lons,	b	Ce	BON	CE OF):	A	PRC GOR	-Do	,N	14			
CATION	Sequentially list conditi if any, leading to immedicause. Enter UNDERLY!	lons, diate	b	Ce	BOM CONSEQUENCE CONSEQUENCE	CE OF):	A	ARC	-Do	,N	14			
LIFICATION	Sequentially list conditi if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events	lons, dilate ing	b DUE TO	(OR AS A C	BOM CONSEQUENCE CONSEQUENCE	CE OF): SOU CE OF): NAZ	A	PRC GOR	-Do	,N	14			
ERTIFICATION	Sequentially list condition in the sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequentia	lons, dilate ing	b DUE TO	(OR AS A C	BOM CONSEQUENCE CONSEQUENCE O PLO	CE OF): SOU CE OF): NAZ	A	PRC GOR	-Do	,N	14			
CERTIFICATION	Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Intitat Initiated events resulting in death) LAS	ions, diate in in in in in in in in in in in in in	b	(OR AS A C	SONSEQUENT	CE OF): CE OF): CE OF):	A A	DEC LOS 2000	r fa	Den Den	SERGE			Onset and Daeth DA75. YEARS YEARS
ب	Sequentially list conditi if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events	ions, diate in in in in in in in in in in in in in	b	(OR AS A C	SONSEQUENT	CE OF): CE OF): CE OF):	A A	DEC 1602	r fa	Den Den	SERGE	AUTOPSY		Onset and Daeth DATS YEARS VEARS WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
ب	Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Intitat Initiated events resulting in death) LAS	ions, diate in in in in in in in in in in in in in	b	(OR AS A C	SONSEQUENT	CE OF): CE OF): CE OF):	A A	DEC 1602	r fa	Den Den	240. WAS AN	AUTOPSY		Onset and Daeth DA75. YEARS VEARS
ب	Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Intitat Initiated events resulting in death) LAS	ions, diate in in in in in in in in in in in in in	b	(OR AS A C	SONSEQUENT	CE OF): CE OF): CE OF):	A A	DEC 1602	r fa	Den Den	24a. WAS AM PERFOU	AUTOPSY		Onset and Daeth DA75. YEARS VERAUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
ب	resulting in death) Sequentially list condit! If any, leading to immediance. Enter UNDERLY! CAUSE (Disease or Injurity that initiated events resulting in death) LAS	lons, diate ING	b	(OR AS A C	SONSEQUENT	CE OF): CE OF): CE OF):	A A	DEC 1602	r fa	Den Den	24a. WAS AM PERFOU	AUTOPSY		Onset and Daeth DA75. YEARS VERRALITOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ب	Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Intitat Initiated events resulting in death) LAS	lons, diate ING	DUE TO	(OR AS A C	SONSEQUENT	CE OF): CE OF): CE OF): CE OF):	underlyle	DEC 1602	given in	Part I.	24a. WAS AN PERFO	AUTOPSY		Onset and Daeth DA75. YEARS VERRALITOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ب	resulting in death) Sequentially list condit! If any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS PART II. Other signification.	lons, diate ING	b	(OR AS A C	CONSEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQUENCE ON SEQ	CE OF): CE OF): CE OF): OTH	underlyle 26.F	ARC CON CON CON CON CON CON CON C	given in	Part I.	24a. WAS AN PERFO	AUTOPSY		Onset and Daeth DA75. YEARS VERRALITOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ب	resulting in death) Sequentially list condit! If any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS PART II. Other signification. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 10	diate ING IT Int condition	DUE TO d. HOSPITAL: 1 2 Input of 2	(OR AS A C	CONSEQUENT CONSEQUENT TO TO TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	CE OF): CE OF): CE OF): OA OTHOOA A	underlyls 28. F Nursing Ho. 28c. IN	GOL GOL 2 CEN Ing cause	given in	Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	24b	Onset and Daeth DA75. YEARS VERRALITOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated eventa resulting in death) LAS* PART II. Other signification of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	lons, diate ING	DUE TO d. HOSPITAL: 1 Proportion 2	(OR AS A C	CONSEQUENT CONSEQUENT TO TO TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	CE OF): CE OF): CE OF): OA 2	28. F Nursing Hot	ARCOLOGO AND COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT O	given in	Part I.	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b	Onset and Daeth DA75. YEARS VERRALITOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significa 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Nitural 5 2 Accident 3 Suicide 6	ions, diate ing iny T int condition	DUE TO d. HOSPIAL: 1 Inputtent 2 28a. DATE OF (Month, L.) 28a. PLACE OF 28a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PL	(OR AS A C OR AS A C OR AS A C OR AS A C OR AS A C OR AS A C OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT The tot result lent 3 D 28b	CE OF): CE OF): CE OF): OA 4 THE OF INJURY N	28. F Nursing Hot	COLUMN S GRAND AT ORKY YES 2 [given in	Part I.	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other signification of the Examiner? 1	ions, diate ING ITY T T Int condition	DUE TO d. HOSPIAL: 1 Inputtent 2 28a. DATE OF (Month, L.) 28a. PLACE OF 28a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PLACE OF 128a. PL	OR AS A CO (OR AS A CO death but	CONSEQUENT CONSEQUENT CONSEQUENT The tot result lent 3 D 28b	CE OF): CE OF): CE OF): OA 4 THE OF INJURY N	28. F Nursing Hot	COLUMN S GRAND AT ORKY YES 2 [given in	Part I.	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significa 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 NEURI S S S S S S S S S S S S S S S S S S S	ions, diate NG I'ry T T T T T T T T T T T T T T T T T T T	DUE TO d. HOSPIAL: 1 Inpution 2 28a. DATE Of (Month, E) 28a. PLACE Of building.	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT The consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the consequent the	CE OF): CE OF): CE OF): Iting in the	28. F Z8. IN I 1 1 1 1 1 1 1 1 1	PLACE OF C	given in	Part I.	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	CURED CORED	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significa 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 NOTICE SIGNIFICATION OF DEATH 2 Accident 3 Suicide 6 4 Homicide	Ions, diate NG I'ry T T Int condition O MEDICAL Pending investigation Could not be determined	DUE TO d. HOSPIAL: 1 Inpution 2 28e. PLACE Of building.	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT The tot result there is a consequent and a consequent there is a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent a consequent a consequent a conse	CE OF): CE OF): CE OF): CE OF): A 7 CE OF): A 7 A 1 A 1 A 1 A TIME OF INJURY N arm, street,	28. F Suraing Hot 1 1 factory, offi	GO PLACE OF CRIME 5 PLACE OF CRIME 2 CCE	given in DEATH (Ch	Part I. 28d. I. 28f. L. C.	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? R PNO NJURY OCI	24b CURED CURED	Onset and Daeth DA7 S. YEARS VEARS VEARS VEARS VEARS VEARS VEARS VEARS VEARS NO NO NO NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significations of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the con	Ions, diate ing iny T T Int condition O MEDICAL Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	DUE TO C. DUE TO d. HOSPITAL: 1 1 2 1 2 28 DATE Of (Month, L. 28 PLACE C. Duilding, CIAN: To like best of a	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT The tot result there is a consequent and a consequent there is a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent a consequent a consequent a conse	CE OF): CE OF): CE OF): CE OF): A 7 CE OF): A 7 A 1 A 1 A 1 A TIME OF INJURY N arm, street,	28. F Suraing Hot 1 1 factory, offi	COL COL COL COL COL COL COL COL	given in DEATH (Ch esidence NO	Part I. 28d. L 28f. L C	24a. WAS AN PERFOI 1 YES :	I AUTOPSY MMED? INJURY OCI and Number	CURED or Rural F	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significa 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 NOTICE SIGNIFICATION OF DEATH 2 Accident 3 Suicide 6 4 Homicide	Ions, diate ing iny T T Int condition O MEDICAL Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	DUE TO C. DUE TO d. HOSPITAL: 1 1 2 1 2 28 DATE Of (Month, L. 28 PLACE C. Duilding, CIAN: To like best of a	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT The tot result there is a consequent and a consequent there is a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent and a consequent a consequent a consequent a conse	CE OF): CE OF): CE OF): CE OF): A 7 CE OF): A 7 A 1 A 1 A 1 A TIME OF INJURY N arm, street,	28. F Suraing Hot 1 1 factory, offi	COL COL COL COL COL COL COL COL	given in DEATH (Ch	Part I. 28d. L 28f. L C	24a. WAS AN PERFOI 1 YES :	I AUTOPSY MMED? INJURY OCI and Number	CURED or Rural F	Onset and Daeth DA7 S. YEARS VEARS VEARS VEARS VEARS VEARS VEARS VEARS VEARS NO NO NO NO Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significations of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	Ions, diate ING IT Int condition O MEDICAL Pending Investigation Could not be determined CIFYING PHYSI ICAL EXAMINE OF CERTIFIEF	DUE TO c. DUE TO d	GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C GOR AS A C	Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Conseq	CE OF): CE OF): CE OF): ting in the OA 4 Time of injury arm, street,	28. F Suraing Hot 1 1 factory, offi	COL COL COL COL COL COL COL COL	given in DEATH (Ch esidence NO	Part I. 28d. L 28f. L C	24a. WAS AN PERFOI 1 YES :	I AUTOPSY MMED? INJURY OCI and Number	CURED or Rural F	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significations of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the con	Ions, diate ING IT Int condition O Medical Pending Investigation Could not be determined CAL EXAMINE OF CERTIFIER F PERSON WH	DUE TO C. DUE TO d	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT	CE OF): CE OF): CE OF): A 2 CE OF): A 3 Time OF INJURY N Courred at the digetion, in n	26. F. HER: Nursing Ho. 28c. IN 1	PLACE OF C BUILTY AT ORKY YES 2 [ce and place death occur 29c, LIC	given in DEATH (Che esidence NO NO ENSE NUE Z T	Part I. Part I. 28d. L. 28d. L. white the to the time, do	24a. WAS AMPERFOLITY TONE) COCATION (Street Cause(a) and malete and place, and control of the cause (a) and malete and place, and cause (b)	AUTOPSY RMED? RINJURY OCI and Number and due to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	CURED or Rural F ted. te Couse(a	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significations of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	O MEDICAL Pending Investigation Could not be determined CIFYING PHYSI CAL EXAMINE OF CERTIFIER F PERSON WH	DUE TO c. DUE TO d	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT The first and consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Consequent Conseque	CE OF): CE OF): CE OF): A 2 CE OF): A 3 Time OF INJURY N Courred at the digetion, in n	26. F. HER: Nursing Ho. 28c. IN 1	PLACE OF C BUILTY AT ORKY YES 2 [ce and place death occur 29c, LIC	given in DEATH (Che esidence NO NO ENSE NUE Z T	Part I. Part I. 28d. L. 28d. L. white the to the time, do	24a. WAS AMPERFOLITY TONE) COCATION (Street Cause(a) and malete and place, and control of the cause (a) and malete and place, and cause (b)	AUTOPSY RMED? RINJURY OCI and Number and due to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	CURED or Rural F ted. te Couse(a	Onset and Daeth DA7 S. YEARS VEARS WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE

NOV 04'97

•

BALTIMORE, MARYLAND 21215-0020	retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the artieval of the property of the artificate has been signed by the attending physician and Mental Hygiene prior to burial, cremation, or rement	
P.O. BOX 68760,	th certificate be executed within 24 hours after defin. Per a	certificate has been signed by the attending physician and completely filled in by me that on the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the des	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at be filed within 72 hours after death with the State Dept. of Health and Ment	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT ERTIFICATE		MENTAL HYGIENE REG. NO.	92	31947			
	1. DECEDENT'S NAME (First, Middle, Lest) E 12 abeth 4. SOCIAL SECURITY NUMBER 5. SE	Kest	hackara	Restrick		5 92	3. TIME OF DEATH			
	202-03-8591	M 2 1XF 77	YRS. MONTHS	DAYS HOURS MIN.	June 27,19	15 New	PLACE (State or Foreign y) Jersey			
TOR	9a. FACILITY NAME (If not institution, give street en Bel Air Convalescent	t Center		OWN OR LOCATION OF DI	1	9c. COUNTY OF D	EATH			
DIRECTOR	10a. STATE 10b. COUNTY New Jersey Camden		10c. CITY, TOWN OR				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO			
FUNERAL	30 Washington Avenu	ue		101. ZIP CODE 08108		10g. CITIZEN OF W	WHAT COUNTRY?			
B	157 Never Married 2 Merried	WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 XX FYES, GIVE WAR OR DATES	10 11	AS DECENDENT OF HISPAI yes, specify Cuben, Mexics YES 2 XNO Specif	n, Puerto Rican, etc.)		,			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete	eted) (G	CEDENT'S USUAL OCC ive kind of work done du Do NOT use retired.) MUSICIA	ring most of working	166. KIND OF BUS Religi					
111	17. FATHER'S NAME (First, Middle, Last)	strick			ME (First, Middle, Meiden S Thackara W	Sumeme) Mite				
TO BE	19a. INFORMANT'S NAME (Type/Print) Douglas P. Restrick			Street and Number or Rural eld Drive,						
שמצו ספ	CATION City or To	wn, State								
examiner	Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camden, N.J. Camd									
יופ וופסופים	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)									
L CERTIFI										
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY OF DEATH? 1 YES 2 NO									
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
BY PHYS		Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year)		g Home 5 ☐ Residence 8c. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED				
	2 Accident Investigation	1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)								
BE COMPLETED	29e. CERTIFIER (Check only one) 2) end manner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1.6		29c. LICENSE NUI	1,100	29d. DATE SIGNED				
10		PLETED CAUSE OF DEATH (ITEM	M 27) (Type, Print)	el fir , m.	1. 21014.					
	NOV 06 92	32. REGISTRAR'S SIGNATURE	Pandell.							

water for

0

92	3	9	4 8

	FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.		12 3194				
	DECEDENT'S NAME (First, Middle, Last) JAMES	CALVIN	SUTTON	JR.		2. DATE OF DEATH DO OCt. 2						
	4. SOCIAL SECURITY NUMBER 577 42 5365 96. FACILITY NAME (If not institution, give st	1 € M 2 □ F	(In yrs. lest birthday) F 68 YRS. Mod	7. DATE OF BIRTH (Month, Day, Year) Oct.18,19	0	SHITHPLACE (State or Foreign Sountry) Nashington, D. C						
TOR	419 Eisner Stre			Silver				tgomery				
DIRECTOR	10e. STATE 10b. COUNTY	itgomery		own or Locatio			10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
BY FUNERAL	419 Eisner St 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 P Divorced	12. WAS DECEDENT EVER FORCES? 1 TO YES	2 NO	13. WAS DECEN	20901	IIC ORIGIN? (Specify Yer n, Puerto Ricen, etc.)	Unj	of what country? Ited States RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 1.2	CATION completed) College (1-4 or 6 +)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re Plumbing	done during most stired.)		D. C.	siness/indust	RY				
BE	17. FATHER'S NAME (First, Middle, Lest) James Cal 19a. INFORMANT'S NAME (Type/Print)	vin Sutton	Sr.		6. MOTHER'S NA	ME (First, Middle, Meiden Dorothy Route Number, City or Tow	Coram					
2	Jacqueline G. Su 20e. METHOD OF DISPOSITION 1 Duriel 2 N Cremetton 3 D Remo	20		arrollto	n Rd.,	Annapolis,	s, Maryland 21403 c. LOCATION — City or Town, State					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE DO	ENSEE X V/	Suburban	22. NAME AND McGui	re Fune		ce Inc.					
	23. PART I. Enter the diseases, or o shock, or heart fellure.											
	IMMEDIATÉ CAUSE (Finel disease or condition resulting in death)	s. Metastati	c Large Ce	11 Cance	er of L	ung		2½ yrs.				
CATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	any, laeding to immediate ause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART ii. Other significant condition	e contributing to death	but not resulting in	the Underlying	cause given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:										
BY PHYS	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	Y 26b. TIME C	OF 28c. INJUI	Y AT	6 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED						
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI building, atc. (Sc	RY — At home, farm, stre pecify)	et, factory, office		261. LOCATION (Street City or Town, State	treet and Number or Rural Route Number, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
TO BE C	30. NAME AND ADDRESS OF PERSON WH	26	DEATH (ITEM 27) (Type: Pr		D20782 ≥ 29c. LICENSE NUMBER D20782 ≥ 10/2							
	Dal Yoo M.D., P.C.		um St., N.E		212, W	ash.,D.C.	20017					
	NOV 01 '92	Julia Davida										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a curs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. To The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

1 -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	onar or n	C	ERTIF					MENIAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	-								OF DEATH			3. TIME OF DEATH
1		Frank Joseph Scanlan							October 22, 1992				6:15 am M
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.		OF BIRTH	2, 1		PLACE (State or Foreign	
	065-07-2039	1X M 2 D F	82	YRS.	MONTHS	DAYS	HOURS	MIPI.	(Month,	, Day, Year)	1010	Countr	y)
T (Sa. FACILITY NAME (If not institution, give s	treat and averback	04		n) 0/20					27,			Jersey
DIRECTOR	10401 Grosvenor		20		96. CIT	r, TOWN C		ON OF DE				Monto	Tomery
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		40.00						-			
E .				10c. CI	Y, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS?
		ontgomery						ckvi.	lle				1 TES 2 X NO
FUNERAL	100. STREET AND NUMBER 10401 Grosvenor	Place #3	20			101	ZIP COD	€ 20852	2				HAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13.	WAS DEC				? (Specify Ye	_	T	- American Indian.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		Эмо		If yes, spe	city Cubi		n, Puerto R				, White, etc.
	15. DECEDENT'S EDU	16a I	DECEDENT'S	USUAL O	CCUPATIO	M		165	KIND OF BU	EINESS/IN	OHIETEV	wiite	
E	(Specify only highest grade	completed) College (1-4 or 5 +		(Give kind of ite. Do NOT u	work done	during mo	st of world	ing	1000	KIND OF BU	31142337114	OOSINI	
7	Elementary/Secondary (0-12)	,									_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4			Agent	L-	40. ***	n after on			C.I.	Α.	
		7 0	1				18. MOT	HER'S NA		fiddle, Maider			
띪		A. Scan							annah				
ဝ	19a. INFORMANT'S NAME (Type/Print)									er, City or Tov			
_	Emma H. Scanlar	:	10401	Gros	sven	or Pi	lace	#320	Rock	vill	e,Mar	yland 20852	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram	20b, PLAC	E AND DATE	OF DISPOS	SITION /Na	me of		DATE	20c, L0				
	4 Donation 5 Other (Specify)	Connetery, C	remetory or o	Chris	octo sti	ber	terv	1992 Chambersburg				vivania	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	//		Ro Be	pper thes	da-	Pump Chev	ohrey y Cha	Fune	ral	H859/	Wisconsin
-	leuse	1 Joak	4	00335	M/	enue	e be	uneso	la, M	laryıa	na 20	0814	
	23. PART i. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel	complications that List only one cau	caused the d se on each iii	death. Do	not enter	the mo	de of dy	ring, suc	h aa card	iac or resp	eiratory a	rrest,	Approximate interval Between Onset and Death
	disease or condition	Motact	atic C	arcin	Om a	of t	ho D	rost	ate				5 years
	resulting in death)	91.	OR AS A CONS			OI C	ne i	1050	ucc				1 7 7 0 1 1 1
_	_		rition		- /-								4 years
6	Sequentially list conditions,	b	OR AS A CONS	EQUENCE O	fi:								
AT	if any, leading to immediate cause. Enter UNDERLYING				,								
윤ㅣ	CAUSE (Disease or injury that initiated events		C Anem		en:								4 Years
Ē	resulting in death) LAST				. ,.								İ
CERTIFICATION		d											<u> </u>
	PART ii. Other significent condition	a contributing to	death but no	t resulting	In the u	nderlying	cause	given in	Part I.	24a. WAS AF	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
5										PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE
ᇛᅵ									—	1 TYES	2 [X] NO		OF DEATH?
Σ									_				1 YE\$ 2 NO
ÿ													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF C	DEATH (Ch	eck only on	e)			
Š	1 TES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nu	R: rsing Hom	XX	esidence	6 🗆 Other	(Specify)			
٤١	27. MANNER OF DEATH	28a. DATE OF (Month, De		26b. TIN	IE OF	28c. INJ	URY AT		28d. OE\$	CRIBE HOW	INJURY O	CURED	
	1 Netural 5 Pending	(World, Di	ly, rous)	184	M		ES 2	□ NO					
B	2 Culaida	26a. PLACE O	F INJURY — At	home, farm,	street, fac	tory, office			28f, LOC/	ATION (Street	and Numbe	or or Rural F	oute Number
ᇤᅵ	4 Homicide 6 Could not be	building,	etc. (Specify)						City o	or Town, State)		,
ω	29a. CERTIFIER					_							
를	(Check only DEA CENTIFYING PHYSI												
COMPLETED	2 MEDICAL EXAMINE	R: Og the books of as	amination and/o	or Investigation	on, In my	opinion, d	eath occu	red at the	time, data	and place, a	nd dus to t	the cause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF DESTIFIER	1					29c. LIC	ENSE NUM	WBER		29d, DA	TE SIGNEO	(Month, Day, Year)
8	()	to vee	_				D	20	06		1	atab	or 22 1002
임	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type	, Print)							JC LOD	er 22,1992
- 1	Eva M. Morell M.D 31. DATE FILED (Month, Day, Year)	32 DECIGEDA	D'C CICMATIINE		leva	rd R	ocky	ille	. Ma	rylan	d 208	352	
ŀ	OCT 22 '92	Julia Dav	SIGNATURE	2.00									
	ULI 44 92	France was	10/201	TAKE OF									

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ely filled in by the funeral director, page 5 should be detached for use as the burial-transit ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											3. TIME OF DEATH	1			
											1:45	Рм			
	4. SOCIAL SECURITY NUMB	ER	5. SEX	st birthday)								8. BIRTH	IPLACE (State or For	eign	
	482-10-6021		1 D M 2 X F 90 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) July 31, 1902							Court	Iowa				
-		## 19b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
E		4917 Hampden Lane Bethesda Montgome									omery				
[[[10a. STATE	STATE 10b. COUNTY						TION						10d. INSIDE CITY	
DIRECTOR	Maryland	Mont	tgomery				hesd							LIMITS?	
	10e. STREET AND NUMBER	/		101, ZIP CODE					Ē			10a, CIT	IZEN OF Y	WHAT COUNTRY?	10
FUNERAL	4917 Hampde	n Lane	e					20	0814					States	
S	11. MARITAL STATUS				EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC					IIC ORIGIN? (Sp	ecify Yes	-		E — American India: k, White, etc.	n,
ВУ Г	1 Never Married 2 3 November 1 Divo	ever Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						2 NO		n, Puerto Rican,	, etc.)		Spec		
	***													MILLE	
COMPLETED	(Specify only	DENT'S EDU	CATION completed)	(0	ECEDENT'S Give kind of a Do NOT up	work done	CCUPATIO during mo	ON ist of worldn	g	16b, KINC	OF BUS	SINESS/INI	DUSTRY		
1 2	Elementary/Secondary (0	-12)	College (1-4 or 5	+)						77	- 3 0				
MC	17. FATHER'S NAME (First, MI	ddle. (ast)		A	ccoun	tant		10 MOTE	JED'S NA	ME (First, Middle			s Go	vernment	
	Walter Her					111		et Ann			**				
B	19a. INFORMANT'S NAME (7)	_	ui c	19	b. MAILING	ADDRES	S (Street a			Route Number, Ci			4		-
2	Lois Norma							thesda				0814			
	20a. METHOD OF DISPOSITI	ON		20b. PLACE	AND DATE	OF DISPOS	SITION /Na	me of		DATE		CATION —			
	1 N Burial 2 Crematio 4 Donation 5 Other		Gler	ematory or o	cem (eter	y No	v. 3	,1992				Iowa		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/I heyy Chase, Inc. 750744-35001518 MO0846 Bethesda, Maryland 20814-3501518									-						
	Which	12	Dorin	. 1	40084	6 8	levy.	Chas	Pump	incey F	557	ral H	lome	Bethesda In Avenue	3-
	23. PART I. Enter the di	seases, or c	complications tha											Approxima	
	shock, or he IMMEDIATE CAUSE (Fin	art fallure.	List only one cat	use on each iln	0.								7.3	Interval Be	tween
	disease or condition		. Pneumo	nia										Olisat and	Douth
1	resulting in death)			(OR AS A CONSE	QUENCE O	F):	_								
z			⊾ Idiopa	thic Hy	perti	cophi	.c Si	ubaor	tic	Stenos	is				
CERTIFICATION	Sequentially list conditi if any, leading to immed	liate		(OR AS A CONSE											
2	cause. Enter UNDERLY! CAUSE (Disease or inju	ng 【	e Multip	le Cere	bral	Embo	li.								
	that initiated events resulting in death) LAS	_		Infarct											
Ë			d	Intuice	Deme									-	
	PART II. Other significa	nt condition	s contributing to	death but not	resulting	in the ur	derlyln	g cause g	given in	Part I. 24a.	WAS AN	AUTOPSY	24b	WERE AUTOPSY FIN	
EDICAL	Rheumatoi	d Arth	ritis							1 YES 2 12 NO				COMPLETION OF CAUSE OF DEATH?	
M	Adrenal I	nsuffi	ciency										- 1	1 YES 2 N	
ä															
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	ock only one)					
PHYSICIAN:	1 XYES 2 NO		1 Inpetient 2			4 🗆 Nur	sing Hom	**	sidence	6 Other (Spe	icity)				
F	27. MANNER OF DEATH 1 X Natural 5	Pending	28e. DATE QF (Month, D		28b. TIM	E OF IURY	_	RK?		28d. DEŞCRIB	E HOW II	NJURY OC	CURED		
BY	2 Accident	nvestigation	20 - PI 405 C	of the state of the		M		YE\$ 2 _	NO						
0		Could not be letermined	building,	of INJURY — At he etc. (Specify)	ome, term,	street, faci	tory, offic	•	- 1	281. LOCATION City or Tox		ind Numbe	r or Runal I	Route Number,	- 1
Ш						_		_							
	29a CERTIFIER					Check only one 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated.									- 1
MPL	ana)														
COMPL	(Check only one) 2 MEDI	CAL EXAMINE	R: On the basis of e									d due to ti	re cause(a		ned.
BE COMPLETED	(Check only	CAL EXAMINE	R: On the basis of e		Investigation	on, in my o		eath occur	ed at the	time, date and p		d due to ti	re cause(a	(Month, Day, Year)	ited.
B	(Check only 1 W CENT one) 2 MEDI	OF CERTIFIEF	R: On the basis of e	examination and/or	Investigation	on, in my o	ppinion, d	29c. LICE	ed at the	time, date and page 1868	place, an	29d. DAT	E SIGNED	(Month, Day, Year) 31 — 92	
	(Check only one) 2 MEDI	OF CERTIFIEF	R: On the basis of e	examination and/or	Investigation	on, in my o	ppinion, d	29c. LICE	ed at the	time, date and page 1868	place, an	29d. DAT	E SIGNED	(Month, Day, Year) 31 — 92	
B	(Check only 1 W CENT one) 2 MEDI	OF CERTIFIER PERSON WHI	PERIAL PERIAL	SE OF DEATH (ITE	M 27) (Type	on, in my o	ppinion, d	29c. LICE	ed at the	time, date and page 1868	place, an	29d. DAT	E SIGNED		

A Reference of the

9	2	
23	2	
S	ě	
Z	tac	2
5	8	9
3	2	75
8	용	2
Ē	es es	E
2	10	2
8	8	
Se.	4	=
9	Đ.	3
9	100	=
E	7	2
€	Jer.	Ē
9	2	. 2
ě	the K	-
69	BE	3
N.	5	9
8	De le	=
24	filor	#
ig.	etel	#
3	du	9
夏	S 18	
200	2 3	E
8	E 0	E
2	icia	Ē
age	SE O	-
F	0.0	\$
9	iệ ở	
=	ten te	0
8	e al	5
8	€ ≥	=
12	7 5	7
5	De 4	2
ires	Sign	2
8	100	5
≥	8 .	90
86	Dec	2
F	e e	E
3	fica	=
3	the ett	5
3	Si	8
4	4 3	벌
2	feat	Ē
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the cleath certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up afferd within 72 hours after death with the State Deor, of Health and Mental Hydine prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E	C de	28
A	REC	E
0	5	2
M	32	=
SPI	學是	
Š	5	3
Ψ	平石	8
IT	FE	=
H	12	=

Walter
31. DATE FILED (Month, D
NOV

2

8

~	215-26-9253 9a. FACILITY NAME (If not institution, give	1 M 2 F	64	YRS. MONTHS		DR LOCATION OF	12/	11h, Dey, Year) 25/192		Country) Mar TY OF DEAT	yland rH	
DIRECTOR	106 S. Main Stre					Gar	rett					
	100.000	arrett	Acci				1	LIMITS?				
FUNERAL	106 S. Main Stre					21520				USA	AT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE W	EVER IN U.S. ARME TYPES 2 NO IR OR DATES Conflict	ED 1:	If yes, sp	DENDENT OF HIS Hecify Cuban, Men 3 2 MO Spe	dcan, Puerto	IN? (Specify Yea Rican, atc.)	or No—	14. RACE — Black, V Specify:	American Indian, White, etc. White	
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		(Give	DENT'S USUAL kind of work don NOT use retired	e during me			b. KIND OF BUS			70	
BE COM	17. FATHER'S NAME (First, Middle, Last) Philip Smith		1 101	eman	1			exas E. Middle, Meiden		n	14	
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Audrey A. Smith 208/METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 © Ri 4 © Donation 8 © Other (Specify)	7E 20c. LO		aty or Town								
	21. SIGNATURE OF FUNEN SERVICE LICENSEE Accident, Maryland 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A. Grantsville, Maryland 21536											
	23. PART I. Enter the diseases, o shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one caus	e on each line.		r tha mo	oda of dying, s	uch as ca	rdiac or reapi	ratory erre	eat,	Approximate Interval Between Onset and Daar	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (PR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditi	In Part I.	t I. 24e. WAS AN AUTOPSY PERFORMED? 1 U YES 2 NO		AM CC OF	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YONO	HOSPITAL:	ED/Outration 2 -	ОТНЕ	R:	LACE OF DEATH						
Sic	27. MANNER OF DEATH 1 Natural 8 Pending	86. TIME OF INJURY	28c. IN.	NO 8 Resident HURY AT DRK? YES 2 NO	7	er (Specify) SCRIBE HOW IN	JURY OCC	URED				
BY PHYSIC	2 Accident Investigatio		28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Re City or Town, State)							- 0 10		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Accident

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, or remotion, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any Injury. So other traumatic event, the medical examiner must be matified at once.

STATE	OF MARYLAND / DEFARTMENT OF HEALTH		92
(First, Middle, Lest)	CH T DY TIME	2. DATE OF DEATH MONTH DAY	YEAR

DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH			TIME OF DEA	TH
Naomi Al	lice	SHIFL	ETT	Nov	ember	4. 199	92	5:00 4	A .
I. SOCIAL SECURITY NUMBER	5. SEX 6.		F UNDER 1 YEAR F UNDER 24 HR	7. DATE	OF BIRTH		Country)	NCE (State or F	oreign
234-74-2191	1 M 2 XF	69 YRS.	ONTHS DAYS HOURS MIN		2. 17.	1923		Virg	inia
De. FACILITY NAME (If not inetitution, give			DE. CITY, TOWN OR LOCATION OF	DEATH		9c. COUNT			
405 0 Stree	t		Mt. Lake P	Mt. Lake Park Gar					
IOa. STATE 10b. COUNT	ГҮ	10c. CITY,	TOWN OR LOCATION				10	d. INSIDE CIT	Υ
MD	Garrett		Mt. I	ake P	ark		1	LIMITS?	NO
Ge. STREET AND NUMBER			101. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
	reet			21550			USA		
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EX	VER IN U.S. ARMED YES 2 XNO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer			or No- 1	4. RACE — Black, W	American Ind	len,
Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TES 2 NO Sp			- 1	Specify:	Whit	0
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	BUAL OCCUPATION	161	b. KIND OF BUS	INESS/INDUS	STRY	WILLE	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during most of working retired.)						
6th		House	wife		Hom	e			
7. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First,	Middle, Melden S	Surneme)			
Bradford		McCau		rence				nbert	
9a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street and Number or Ru						2.7
Stanley S. Shifle	ett				Maryl				
S Burial 2 ☐ Cremation 3 ☐ Ran	noval from State	20b. PLACE AND DATE OF cemetery, crematory or other	r place)	1		ATION — CR			
1. SIONATURE OF FUNERAL SERVICE L	ICENSEE	McCuley Co	22. NAME AND ADDRESS OF		/8 Mil	ll Cr€	eek,	West V	irg
. 4 11									
1.11	10-		Stewart Fun	neral					
+ tranklin 7	Custer		Stewart Fur 32 S. Secon	neral nd St.	, Oakl			1550	3
23. PART I. Enter the diseases, pr shock, or heart failure.	complications that ce	pused the death. Do not	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approxim	
shock, or heart failure. MMEDIATE CAUSE (Final	complications that co	pused the death. Do not on each line.	Stewart Fur 32 S. Secon	neral nd St.	, Oakl				Setween
shock, or heart failure.	a. Severe (COPD	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approxim	d Death
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition	a. Severe (COPD AS A CONSEQUENCE OF):	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approximinterval B Onset and	Between d Death NIC
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions.	a. Severe our to (on bronchis	COPD AS A CONSEQUENCE OF):	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approximinterval E Onset an	Between d Death NIC
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Severe our to (on bronchis	COPD AS A CONSEQUENCE OF): tis with res	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approximinterval B Onset and	Between d Death NIC
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Severe (DUE TO (OR DUE TO (OR	COPD AS A CONSEQUENCE OF): tis with res	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approximinterval B Onset and	Between d Death NIC
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Severe (DUE TO (OR DUE TO (OR	COPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Stewart Fur 32 S. Secon	neral nd St.	, Oakl			Approximinterval B Onset and	Between d Death NIC
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Severe pue to (on bronchit pue to (on c. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d. pue to (on d.	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Stewart Fur 32 S. Second enter the mode of dying, a spiratory fail	neral nd St. wich as cer ure	, Oak1	atory erres	st,	Approximinterval 8 Onset an Chror	detwoon d Death niC
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Severe Due to (on bronchi) b. Due to (on c. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Stewart Fur 32 S. Second enter the mode of dying, a spiratory fail	neral nd St. wich as cer ure	, Oak 1. diac or respir	wtopsy #ED?	24b. WE	Approximinatival E Onset an Chror Years	Between d Death LIC
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Severe Due to (on bronchi) b. Due to (on c. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Stewart Fur 32 S. Second enter the mode of dying, a spiratory fail	neral nd St. wich as cer ure	, Oak 1.	wtopsy #ED?	24b. WE AW CO	Approximinterval 8 Onset an Chror Years	Setween d Death IC FINDINGS TO CAUSE
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Severe Due to (on bronchi) b. Due to (on c. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Stewart Fur 32 S. Second enter the mode of dying, a spiratory fail	neral nd St. wich as cer ure	, Oak 1. diac or respir	wtopsy #ED?	24b. WE AW CO	Approximinterval 8 Onset an Chror Years	Setween d Death IIC FINDINGS 1 TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions. Congestive hear.	a. Severe Due to (on bronchi) b. Due to (on c. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Stewart Fur 32 S. Secon tenter the mode of dying, a spiratory fail	neral nd St. uch as cer ure	, Oakl	wtopsy #ED?	24b. WE AW CO	Approximinterval 8 Onset an Chror Years	Setween d Death IIC FINDINGS 1 TO CAUSE
Sequentially list conditions, from the cause or condition resulting in death) Sequentially list conditions, from the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	a. Severe DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): eth but not resulting in	Stewart Fur 32 S. Secon tenter the mode of dying, a spiratory fail the underlying cause given 28. PLACE OF DEATH OTHER:	neral nd St. uch as cer ure in Part i.	, Oakl. diac or respir	wtopsy #ED?	24b. WE AW CO	Approximinterval 8 Onset an Chror Years	Setween d Death IiC Findings I TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleease or injury that initiated events resulting in death) CONGESTIVE hear S. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. Severe DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Other but not resulting in COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY	Stewart Fur 32 S. Secon enter the mode of dying, a spiratory fail the underlying cause given 28. PLACE OF DEATH OPTHER: Nursing Home 5 M Residence OF 28c. INJURY AT	neral nd St uch as cer ure in Part i.	, Oak 1. diac or respir 24a. WAS AN / PERFORI 1 UYES 2	wtopsy MED? NO	24b. WE AM CO OF	Approximinterval 8 Onset an Chror Years	Setween d Death IiC Findings I TO CAUSE
Sequentially list conditions, from the condition resulting in death) Sequentially list conditions, from the condition resulting in death) Sequentially list conditions, from the conditions and the conditions are conditions. The conditions are conditions are conditions are conditions. Sequentially list conditions, from the conditions are conditions. Examine the conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are condition	a. Severe DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Other but not resulting in COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY	Stewart Fur 32 S. Secon enter the mode of dying, a spiratory fail the underlying cause given 28. PLACE OF DEATH OTHER: Nursing Home 5 % Residence F 28c. NUJURY AT	neral nd St uch as cer ure in Part i.	, Oakl. diac or respir	wtopsy MED? NO	24b. WE AM CO OF	Approximinterval 8 Onset an Chror Years	Setween d Death IIC FINDINGS 1 TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. CONCESTIVE hear 1 yes 2 × NO 7. MANNER OF DEATH 1 × Netural 5 Pending investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation in could not be	a. Severe DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): BY AS A CONSEQUENCE OF): OUTPUT OF THE CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF):	Stewart Fur 32 S. Secon enter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	in Part i.	, Oak 1. diac or respir 24a. WAS AN / PERFORM 1 UYES 2 OF (Specify) SCRIBE HOW IN	WTOPSY MED? X NO	24b. WE AWO CO OF 1 [Approximinterval 8 Onset and Chror Years Wears RE AUTOPSY PAILABLE PRIOR OF DEATH? YES 2	Setween d Death IC FINDINGS TO CAUSE
shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. CONGESTIVE hear. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigation	a. Severe Due to (on bronchi Due to (on c. Due to (on d	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): BY AS A CONSEQUENCE OF): OUTPUT OF THE CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF): UDUAL TIME CONSEQUENCE OF):	Stewart Fur 32 S. Secon enter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	in Part i.	24a. WAS AN A PERFORM 1 YES 2	WTOPSY MED? X NO	24b. WE AWO CO OF 1 [Approximinterval 8 Onset and Chror Years Wears RE AUTOPSY PAILABLE PRIOR OF DEATH? YES 2	Setween d Death IiC Findings I TO CAUSE
Sequentially list conditions, from the sequential death of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the seq	a. Severe Due to (or bronchit b. Due to (or Due to (or or or or or or or or or or or or or o	DOPD AS A CONSEQUENCE OF): LIS WITH YES AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): BIT DO A CONSEQUENCE OF): OUTPUT OF THE CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUE	Stewart Fur 32 S. Secon tenter the mode of dying, a tenter the mode of dying, a tenter the mode of dying, a tenter the mode of dying, a tenter the mode of dying, a tenter the mode of the mode of the tenter than the mode of the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than the tenter than	in Part I.	one) or (Specify) SCRIBE HOW IN CATION (Street ar or Yown, State)	witopsy MED? X NO JURY Occur	24b. WE AM CO OF 1 [Approximinterval 8 Onset and Chror Years Wears RE AUTOPSY PAILABLE PRIOR OF DEATH? YES 2	Setween d Death IiC Findings I TO CAUSE
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition Congestive hear S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide s Could not be determined on Check only 1 CERTIFYINO PHYS	a. Severe DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Output and the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in th	Stewart Fur 32 S. Secon enter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	in Part I. Check only or 28d. DE	24a. WAS AN / PERFORM 1 YES 2 OR (Specify) SCRIBE HOW IN CATION (Street ar or Town, State)	wropsy effect of Number or on the setsted.	24b. WE AM CO OF 1 [Approximinterval 8 Onset an Chror Years RE AUTOPSY F NILABLE PRIOR MPLETION OF DEATH? YES 2 Number.	etween d Death liC S FINDINGS
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition Congestive hear S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide s Could not be determined on Check only 1 CERTIFYINO PHYS	a. Severe Due to (on bronchi b. Due to (on c. Due to (on d. Due to (on d. Due to (on d. Due to (on e. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Output and the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in th	Stewart Fur 32 S. Secon tenter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of the mode of the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the senter the	in Part i. Check only or 28d. DE 28t. LOC Loc of the car the time, date	24a. WAS AN / PERFORM 1 YES 2 OR (Specify) SCRIBE HOW IN CATION (Street ar or Town, State)	WTOPSY MED? WIND WITOPSY MED? WIND WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED? WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOPSY MED. WITOP	24b. WE AMICOOF 1 [Approximinterval 8 Onset an Chror Years RE AUTOPSY F NILABLE PRIOR MPLETION OF DEATH? YES 2 Number,	Setween d Death DiC S FINDINGS TO CAUSE NO
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition. CONGESTIVE hear S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 4 Homicide Suicide 5 Could not be determined Check only one) 2 MEDICAL EXAMINER	a. Severe Due to (on bronchi b. Due to (on c. Due to (on d. Due to (on d. Due to (on d. Due to (on e. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on d. Due to (on	DOPD AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Output and the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in the suiting in th	Stewart Fur 32 S. Secont enter the mode of dying, a tenter the mode of dying, a second tenter the mode of dying, a second tenter the mode of dying, a second tenter the mode of dying, a second tenter the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of the mode of	in Part i. Check only or 28d. DE 28t. LOC Loc of the car the time, date	24a. WAS AN / PERFORM 1 YES 2 OR (Specify) SCRIBE HOW IN CATION (Street ar or Town, State)	MITOPSY MED? JURY OCCUI and Number or her se stated, due to the o	24b. WE AW CO OF 1 [Approximinterval 8 Onset and Chror Years RE AUTOPSY FILLABLE PRIOR MPLETION OF DEATH? YES 2 Number, Number,	Setween d Death LiC S FINDINGS LTO CAUSE NO
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition. CONGESTIVE hear S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 4 Homicide Suicide 5 Could not be determined Check only one) 2 MEDICAL EXAMINER	a. Severe Due to (on bronchist) Due to (on bronchist) Due to (on c. Due to (on d. Due to (on d. Due to (on the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the bes	DOPD AS A CONSEQUENCE OF): LAS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHER CONSEQUENCE OF): OTHE	Stewart Fur 32 S. Secon tenter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the mode of dying, a senter the underlying cause given 28. PLACE OF DEATH 29. PLACE OF DEATH 29. NUMBY AT WORK? 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 29. LICENSE P 29. LICENSE P	in Part i. Check only or 28d. DE 28t. LOC City UUBER	24a. WAS AN / PERFORM 1 YES 2 OR (Specify) SCRIBE HOW IN CATION (Street ar or Town, State)	MITOPSY MED? JURY OCCUI and Number or her se stated, due to the o	24b. WE AMICOOF 1 [Approximinterval 8 Onset and Chror Years RE AUTOPSY FILLABLE PRIOR MPLETION OF DEATH? YES 2 Number, Number,	Setween d Death Dic S FINDINGS TO CAUSE NO

702 0 : VOIL

	1 - STATE REGISTRAR			CERTIF	ICATE OF	· DEAL	н		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F DEATH		3	. TIME OF DEATH	
	Ann H. Stark							Octob	er 31	, 199	2	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	_	6. BIRTHPL	ACE (State or Foreign	
	217-18-7017	1 🗆 M 2 📉 F	6	8 YRS.	MONTHS DAYS	HOURS	MIN.	1/2	724	4 Country) Marylan		vland	
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DEA	-	, 21	9c. COUN	TY OF DEA		
E	1011 Main Street	-			Darlin	rton				Har	ford		
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNT				LIMITS?							Dd. INSIDE CITY	
		rford	Da	Darlington						tV∏ YES 2 ☐ NO			
3AL	10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1011 Main Street					210:	34			U	S.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES	U.S. ARMED 2 X NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)						14. RACE Black, V	- American Indian, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DAT	ES	1 🗆 YE	S 2 📉 NO	Specify:				Specify: Whit	-	
	15. DECEDENT'S EDU	CATION		16a DECEDENT'S	USUAL OCCUPAT	ION		165.0	IND OF BUIL	INESS/INDL		_e	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -		(Give kind of life. Do NOT u	work done during in se retired.)	ost of working	g	1000.1	MU OF BUS	MACSSUMD	SINT		
7	12	2		Homemak	er			1	In ho	me			
ON I	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	ME (First, Mic					
O H	Ernest Helfenste	in						e Thu					
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street						Code) '		
2	Mr. Elwood V. St	ark			Main S							21034	
	20s. METHOD OF DISPOSITION		20b. F	PLACE AND DATE	OF DISPOSITION /	lame of		DATE		CATION — C			
	t ☐ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	over from State	_ Da	ir Tingto	n Cemete	ery		11/	3 Dar	lingt	on, I	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME /	ND ADDRES	S OF FAC	YTUE	- 1				
	*Kirston	Anux	On	glest	Del Abe	ring-(rdeen	, Mai	rylan	d 21	001 - 3	399	•	
	23. PART I. Enter the diseases, or shock, or heert fellure.	complications tha	t coused	the deeth. Do	not enter the m	ode of dyle	ng, such	as cardia	c or reapi	ratory arre	st,	Approximate	
	IMMEDIATE CAUSE (Finel	C's A	ise on eed	ch line.	0							Interval Between Onset and Death	
	disease or condition	. and	MU	elmal	MAR	Con	OW	y.				14/2	
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	DUE TO	(OR AS A	CONSEQUENCE O	F):								
8	Sequentially list conditions.	b	YV	CONSEQUENCE O	1217								
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(UH AS A C	CONSEQUENCE O	P):								
윤	CAUSE (Disease or Injury that initiated events	c	(QR AS A C	CONSEQUENCE O	f):								
토	resulting in death) LAST											1	
O		d											
ICAL	DADT II Other clauffloors condition												
1 0 1	PART II. Other algnificant condition	na contributing to	deeth but	t not resulting	in the underlying	ng cause g	lven in F	Part 1. 2	4a. WAS AN			ERE AUTOPSY FINDINGS	
1 10 1	PART II. Other aignificant condition	na contributing to	deeth bu	t not resulting	in the underlying	ig cause g	ilven in F		4a. WAS AN PERFOR	MED?	A) Ci	MAILABLE PRIOR TO OMPLETION OF CAUSE	
	PART II. Other aignineant condition	na contributing to	deeth bu	t not resulting	in the underlyle	ng cause g	lven in F		PERFOR	MED?	AN CI	MAILABLE PRIOR TO	
MEC	PART II. Other argument condition	na contributing to	deeth bu	t not resulting	in the underlying	ng cause g	ilven in F		PERFOR	MED?	AN CI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEC	25. WAS CASE REFERRED TO MEDICAL		deeth but	t not resulting	26. F	ng cause g		_	PERFOR	MED?	AN CI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
SICIAN: MED		HOSPITAL:				LACE OF DE	EATH (Che	ck only one)	PERFOR	MED?	AN CI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inputent 2 26s. DATE OF	ER/Outpal	tient 3 DOA	26. F OTHER: 4 Warsing Ho	PLACE OF DE	EATH (Che	ock only one) 6 Other (PERFOR	MED?	AM CI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpal	tient 3 DOA	26. F OTHER: 4 IF Nursing Ho IE OF 28c. IN IURY W	PLACE OF DE	EATH (Chec	ock only one) 6 Other (PERFOR	MED? ②kNO	AM CI	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inputient 2 28a. DATE OF (Month, D	ER/Outpat	tient 3 DOA 28b. TIM	26. F OTHER: 4 IF Nursing Ho IE OF 28c. IN IURY W	PLACE OF DE	EATH (Chec	6 Other (:	PERFOR	MED? ②kNO	AN CC ON 1	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH7 YES 2 NO	
ED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inputient 2 28a. DATE OF (Month, D	ER/Outpet INJURY ley, Year)	tient 3 DOA 28b. TIM	26. F OTHER: 4 III Nursing Hoi IE OF 28c. IN IURY W 1	PLACE OF DE	EATH (Chec	6 Other (:	PERFOR	MED? Dig NO	AN CC ON 1	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH7 YES 2 NO	
ED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Inputient 2 Es. DATE of (Month, D. 28e. PLACE Q building,	ER/Outpet INJURY - etc. (Specif) my knowle-	attent 3 DOA 28b. Till IN. At home, farm,	26. F OTHER: 4 Nursing Ho IE OF 28c. IN URY M 1 □ street, factory, offi	PLACE OF DE me 5 Rei JURY AT ORK? YES 2 Ca	EATH (Choose defined by NO and due to	1 1 1 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3	PERFOR YES 2 Specify) Specify) ION (Street a Town, State)	MED? By NO NURY Occi	A CI O O O O O O O O O O O O O O O O O O	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH7 YES 2 NO	
ED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inputient 2 Es. DATE of (Month, D. 28e. PLACE Q building, ICIAN: To the best of	ER/Outpet INJURY - etc. (Specif) my knowle-	attent 3 DOA 28b. Till IN. At home, farm,	26. F OTHER: 4 Nursing Ho IE OF 28c. IN URY M 1 □ street, factory, offi	PLACE OF DE me 5 Rei JURY AT ORK? YES 2 Ca	EATH (Choose defined by NO and due to	1 1 1 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3	PERFOR YES 2 Specify) Specify) ION (Street a Town, State)	MED? By NO NURY Occi	A CI O O O O O O O O O O O O O O O O O O	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH7 YES 2 NO	
COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D. 28a. PLACE Q building, ICIAN: To the best of er.	ER/Outpet INJURY - etc. (Specif) my knowle-	attent 3 DOA 28b. Till IN. At home, farm,	26. F OTHER: 4 Nursing Ho IE OF 28c. IN URY M 1 □ street, factory, offi	PLACE OF DE me 5 Rei Rei JURY AT OPRIC YES 2 Ca	EATH (Choose defined by NO and due to	28d. DESCI 28d. DESCI 28d. DESCI 28d. DESCI	PERFOR YES 2 Specify) Specify) ION (Street a Town, State)	MED?	M CI CI CI CI CI CI CI CI CI CI CI CI CI	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH7 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D. 28a. PLACE Q building, ICIAN: To the best of er.	ER/Outpet INJURY - etc. (Specif) my knowle-	attent 3 DOA 28b. Till IN. At home, farm,	26. F OTHER: 4 Nursing Ho IE OF 28c. IN URY M 1 □ street, factory, offi	PLACE OF DE me 5 Rei Rei JURY AT OPRIC YES 2 Ca	EATH (Checked and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	28d. DESCI 28d. DESCI 28d. DESCI 28d. DESCI	PERFOR YES 2 Specify) Specify) ION (Street a Town, State)	MED?	M CI CI CI CI CI CI CI CI CI CI CI CI CI	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO te Number, and manner ea stated.	
COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2	ER/Outpat INJURY - etc. (Specif) my knowled xamination	attent 3 DOA 28b. TIM IN. At home, farm, dge, death occurr and/or investigation	26. F OTHER: 4 Nursing Ho IE OF IURY M 1 street, factory, offi	PLACE OF DE me 5 Reit JURY AT OPRICE 2 Ca	EATH (Checked and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	28d. DESCI 28d. DESCI 28d. DESCI 28d. DESCI	PERFOR YES 2 Specify) Specify) ION (Street a Town, State)	MED?	M CI CI CI CI CI CI CI CI CI CI CI CI CI	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO te Number, and manner ea stated.	
BE COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D 28e. PLACE Q building, ICIAN: To the best of er	ER/Outpet INJURY ley, 'Year') F INJURY — etc. (Specif) my knowle- xamination	attent 3 DOA 28b. TIM IN. At home, farm, dge, death occurr and/or investigation	26. F OTHER: 4 Worsing Ho IE OF 28c. IN URY M 1 street, factory, offi ed at the time, det on, in my opinion,	PLACE OF DE me 5 Reit JURY AT OPRICE 2 Ca	EATH (Checked and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	28d. DESCI 28d. DESCI 28d. DESCI 28d. DESCI	PERFOR YES 2 Specify) Specify) ION (Street a Town, State)	MED?	M CI CI CI CI CI CI CI CI CI CI CI CI CI	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO te Number, and manner ea stated.	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be manned by the hopping or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount to death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutited at once.

						92	31954		
	1 - STATE STATE OF MA	RYLAND / DEPAR	RTMENT OF H						
12	1. DECEDENT'S NAME (First, Middle, Last)	OLITTI	ICAIL OF	DEATH	REG. NO		3. TIME OF DEATH		
30	THELMA VIRGINIA	ST	ANLEY		October 3	1 199	2 10:30 A M		
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH B. BIRTHPLACE (State or I				
	229-44-8485 1□ M 2 🖾 F	54 YRS.	MONTHS BAYS	HOURS MIN.	Mar. IO, 1	070	Country) Virginia		
l l	9a. FACILITY HAME (If not institution, give street and number)		96, CITY, TOWN O	R LOCATION OF DE					
æ	Memorial Hospital & Medica	1 Center	Cumber		9c. COUNTY OF DEATH Allegany				
5	RESIDENCE OF DECEDENT	1 0011001	- Gamber	Lana		AT	regarry		
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	West Va Mineral		Ridgeley	1			1 TYES 2 X NO		
FUNERAL	10e. STREET AND HUMBER			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
NEI	Route 2, Box 586		2	26753		u.s			
F	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	VER IH U.S. ARMED YES 2.X NO	13. WAS DECI	ENDENT OF HISPAN	NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES		2 NO Specify			Specify: WHITE		
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S	USUAL OCCUPATIO	N	16b, KIND OF BU	SIMESS (INDI IS:			
Ш	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mos se retired.)	t of working	The tank of Bo	5111255711255			
교	12	TELEPH	ONE OPE	RATOR	I.B.N				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE C	WILLIAM CORNELL			Louis	E GHEEN				
TO B	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	AODRESS (Street or	nd Number or Rural F	Toute Number, City or Tox	n, State, Zip Co	de)		
F	FRANK STANLEY	Route	2, Bos	c 586-R	idgeley,	WV	26753		
	20e, METHOD OF DISPOSITION 1.X Burlet 2 Cremation 3 Removal from State	20b. PLACE AND DATE cemetery, crematory or c	OF DISPOSITION (Nat	ne of		CATION — City			
- 8	4 Donation 5 Other (Specify)	National	Cemete	ry /	1492 0	uanti	co, VA		
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE			D ADDRESS OF FAC			•		
	- Wonder D. Juschen	ch	P.o.	Box 12	uneral H 60-Ft. A	ome, shbu,	lnc. WV 26719		
	23. PART I. Enter the diseases, or complications that c	aused the death. Do	not enter the mod	de of dying, sucl	n as cardiac or resp	iratory arrest	, Approximata		
	shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final	4	0. 0				interval Between Onset and Death		
	disease or condition resulting in death)	cratory	facto	ne			!		
	DUE 70 (DE	R AS A CONSEQUENCE O	est						
NO	Sequentially list conditions,				_				
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	AS A CONSEDUENCE O	(F):						
5	CAUSE (Disease or injury C.	R AS A CONSEQUENCE O	fn:						
E	resulting in death) LAST		- ,-				İ		
8	0.								
¥	PART II. Other significant conditions contributing to de	ath but not resulting	in the underlying	ceuse given in	Part i. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
MEDICAL					1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?		
					_		1 TES 2 NO		
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)				
YS		R/Outpetient 3 DOA	4 - Nursing Home		8 Other (Specify)				
F	27. MANNER OF DEATH 1 Meturel 5 Pending 26e. DATE OF IN. (Month, Day,		JURY WO	RK?	28d. DESCRIBE HOW	NJURY OCCUR	ED		
BY	2 Accident Investigation	A Marrie A a b a d		ES 2 NO					
8	3 Suicide 6 Could not be determined 28e. PLACE OF II building, atc	IJURY — At home, farm, . (Specify)	street, factory, office		28f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,		
4	290. CERTIFIER								
COMPLET	(Check only 1 CERTIFFING PHYSICIAN: To the best of my								
8	2 MEDICAL EXAMINER: On the besie of exam	ination end/or investigation	on, in my opinion, de	ath occured at the	time, date and place, ar	id due to the ci	suse(e) and menner as stated.		
BE	286. SIGNATURE AND THE OF CENTIFIER			296 LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)		
6	30. NAME AND ADDRESS OF PHISON WHO COMPLETED CAUSE (DE DEATH STEW AT ST	Order)	カラング	290	- //	14/76		
		Seton Driv		berland,	MD. 215	02			
	31. DATE FILED (Month, DA 6) () 1 144 / JEGISZAARS		notable						
	1101 02 1002	in Denderson	district.						
			- Charles						

HE HIGHTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.	TO THE RUNEIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral garector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled willin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITA	TO THE FUNERA The filed within 72	IMPORTANT

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR				CEF	THE	CAIL	UF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, A Alfred Donald		ers. Jr.							2. DAT	ober 3	ъ ъ	O ČEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5. SEX	A ACE /	In yrs. last bi	fresh adam s	IF UNDER			+		0, 1		1400 "
	179-22-1770		1 ₩ 2 H F		in yrs. iest bi 63	YRS.	MONTHS	DAYS	F UNDER 24 HRS. HOURS MIN.	7. DAY	E OF BIRTH off, Day, Year) 7 5 1	928	BOOT	PLACE (State or Foreign by) hwyn, PA
	9a. FACILITY NAME (If not inst		reet and number)				9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DI						
e o	Union Hospita	al of	Cecil Co	ounty	У		E11	kton				Ce	cil	
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY						, TOWN C							
DIRECTOR	Maryland	Ceci												10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CECI	-1			North East					10= CIT	TEN OF S	1 🔀 YES 2 🗌 NO	
FUNERAL	301 Merrey S	treet						"	21901		A		S.A.	THAT COUNTRY?
3	11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yes		14. RACI	— American Indian.
BY	1 Never Married 2 WM 3 Widowed 4 Divorce		FORCES? 1	X YES	2 NO ATES			f yes, sp	ecify Cuben, Mexic 2 1 NO Speci	an, Puerte	Plican, etc.)		Spec	t, White, etc.
	15. DECEI (Specify only I	DENT'S EDUC	CATION completed		16a. DECEI	DENT'S	USUAL O	CCUPATIO	ON set of working	16	6. KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-1		College (1-4 or 5	+)				Jointy III.	ist of working					
MP	8		N/A		Dry	wall	Ler					stru	ctio	n
	17. FATHER'S NAME (First, Mide								18. MOTHER'S N.				1 1	
BE	Alfred J. Sa				T						zabeth			
으	Lorraine E.	Sakers			30 No:	l Me rth	Eas	Street 1	nd Number or Rural Deet 21901		mber, City or Town	n, Stata, Zip	Code)	
	26a, METHOD OF DISPOSITIO 1 A Burisi 2 Cremation 4 Donation 5 Other (S		oval from State	com	PLACE AND letery, cremat Orth	tone or oth	has alanal		sit Cem.	1		th E.		* 1
	21, SIGNATURE OF EUNGERAL	SERVICE LIC	CHICKLE !	7	1		100	AME A	on Funer	ACILITY	1		,	110
	1606	eut		Ca	ine	5	7	127	S. Main	St.	North			D 21901
	23. PART i. Enter the dis- shock, or hea	eeses, or c art failure. L	omplications that	t caused	the deeth	n. Do n	ot enter	the mo	de of dying, su	ch as ca	rdiac or respi	ratory an	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Fina disease or condition	E.	F. 1	-	1				1			/		Onset and Death
ļ	resulting in death)	• ,	Ehd)	CONSERVE		(0	~1	somy	of	e th	L		
			DOE TO	(OR AS A	CONSECTO	ENCE OF):		- /0	11			*	
NO.	Sequentielly list condition if any, leading to immediate		DUE TO	(OR AS A	CONSEQUE	ENCE OF	<i>E V</i>	100	7 / 4	V	my/	are	eas	
CAT	cause. Enter UNDERLYIN	G												
CERTIFICATION	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A	CONSEQUE	ENCE OF):							
E	resulting in death) LAST		i											
	PART ii. Other aignificant	t conditions	contributing to	death b	ut not resi	ulting li	n the un	derlyin	g cause given in	Part i.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL						-					PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
											1 TYES 2	-		OF DEATH?
Σ :														1 TES 2 NO
N N	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL							ACE OF DEATH (C	heck only	one)			
Sic	1 TES 2 NO		HOSPITAL:	ER/Outp	etlent 3	DOA	OTHER 4 - Num		e 5 🗆 Residence	6 🗆 Ott	ner (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	-83	28e. OATE OF (Month, D		2	86. TIME	OF	28c. INJ WC	URY AT	28d, Di	EŞCRIBE HOW IN	JURY OC	CURED	
BY	1 Natural 5 Pe	ending vestigation					М	1 🗆	YES 2 NO					
8		ould not be	28e. PLACE O building,	etc. (Spec	— At home,	, farm, st	treet, fact	ory, offic	•	28f. LO	CATION (Street a y or Town, State)	nd Number	or Rural I	loute Number,
Ē.														
린			CIAN: To the best of											
COMPLET	2 MEDIC	AL EXAMINER	R: On the basis of s	xamination	n and/or inve	stigation	, in my o	pinion, d	eath occured at the	time, de	te and place, and	d due to th	ne cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE O	CENTIFIER		-	11				29c. LICENSE NU	MBER	7	29d. DAT	E SIGNED	(Month, Day, Year)
2	anto d	ang	Som	1	0				レグラ	114	2	1	10/	30/92
	Andrew	PERSON WHO	COMPLETED CAU	SE OF DE	ATH (ITEM 2	7) (1)0%.	Print)	5	Borns	5	t reat	_	E	Itan M
1	31. DATE FILED (Month, Day, Ye	1	32. ŋĒGISTRA	R'S SIGN	ATURE		- (0			/ //
	10/30/9	72	- NOV O	2 92		2	1: X		, 12					
	7 7 1		0		_	7		ord diffe	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					



02 21255

92-6254-043

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AV YEA	3. TIME OF DEATH		
		Frederick	Andre	St	ein		10 30				
		4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign		
1		213-32-1209	1 M 2 🗆 F	59 YRS.	MONTHS DAYS	HOURS MIN.	9-12-1	933 /	naryland		
	4	Se. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH		
5	200	Washington Cou	nty Hospi	ital	Hagers	town		Washi	ngton		
	5	10e. STATE 10b. COUNTY			TY TOWN OF LOCA						
1	DIA.		1011	141	estains	4			10d. INSIDE CITY LIMITS?		
		10e, STREET AND NUMBER		IV.		I. ZIP CODE		Las OFFITTING	1 NES 2 10		
1.1	EKAL	290 B/4e	Heron	Dr.		21157		10g. CITIZEN C	S. A SUNTRY?		
	5	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DE	CENDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No.— 14, R	ACE — American Indian,		
	- 11	1 Never Married 2 Married	FORCES? 1 Y			pecify Cuben, Mexica 3 2 NO Specify	n, Puerto Rican, etc.)	S	llack, White, etc.		
		3 Widowed 4 Divorced						1	TAITE		
	9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	S USUAL OCCUPATE work done during m		16b. KIND OF BU	SINESS/INDUSTR	Y /		
	9	Elementary/Secondary (0-12)	College (1-4 or 5+)		rec retired.)	Artist	Metio	/	Postors		
범	COMPL	10		Comme	06/4/	17-1131	10-110	17/	103/		
-		17. FATHER'S NAME (Figst, Middle, Last)	Stein	1		18. MOTHER'S NA	ME (First, Migdle, Maiden	Surname	Je//		
	K	19a, INFORMANT'S NAME (Type/Print)	0/0/					<u> </u>			
notified	2 ∥	Dolores	Stoin	790. MAILING	771	1/2	Poute Number, City or Tow	n, State, Zie Code	pinter sim		
2	1	20a. METHOD OF DISPOSITION	JICIN	20b. PLACE AND DATE	DIG		1 2122 1 222 12	000	CAS A		
2		1 Degiation 5 Other (Specify)	oval from State	corpetery, crematory or	of disposition (N	hot in	DATE 20c. LO	GAMST	g town, Spate		
è	ı	21. SIGNATURE OF PANEJOY, SETTING LIC		Carroll		ND ADDRESS OF FA	CILITY	1	1		
Ē	-1	1//2012	10011		1/1	at la	1 11 1	bole	inche no		
Ĕ _	1/etcher 1-14. Westainster										
o dic		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between									
9	- 1	IMMEDIATE CAUSE (Finel disease or condition	Quan	1 000		ile Ou		040.7	Onset and Death		
evenit,		resulting in death)				UE PUL	MONARY	VISEP	26		
	- 1		DUE TO (OR A	AS A CONSEQUENCE O	OF):	4					
1	RIFICALION	Sequantially list conditions,	b	AS A CONSEQUENCE O	NE).						
ATION	ξ	if any, leading to immediate cause. Enter UNDERLYING	202.0 (011)	TO A GONDEGUENCE O	, ,.				İ		
J.		CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	AS A CONSEQUENCE C	OF):						
		resulting in death) LAST	4								
: 2	2	DART II ON THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA									
16010	{	PART II. Other significant condition	s contributing to deat	in but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
2	₹						1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
	Ē						_ / \	1	1 TES 2 NO		
ż	į										
COARDI ETED BY DUVE CITAL AND LEE	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
5 0	2	1 XYES 2 NO	1 Inpatient 2 ER/		4 - Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)				
7	5	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJU (Month, Day, Yei		JURY W	JURY AT DRK?	28d. DESCRIBE HOW	NJURY OCCURE			
2	ā	2 Accident Investigation				YES 2 NO					
2		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (URY — At home, farm, Specify)	street, factory, offic	De .	281. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,		
COMPLETE			CIAN: To the best of my k						100		
3	5	MEDICAL EXAMINE	R: On the baels of examin	ation and/or investigati	on, in my opinion,	death occured at the	tima, date and place, er	d due to the cau	se(a) and manner ee atated.		
	u II	196 SIGNATURE AND TITLE OF CERTIFIE	00/7	1		29c. LICENSE NUM	/BER	29d. DATE SIG	NED (Month, Day, Year)		
	۰	vut Do	WWX#	M		O.C.M.	E.	▶10 3	1 1992		
E S		30. NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 27) (Type	e, Print)						
		MARIO F. GOLL	V DIK W	WD 111 1	Penn St	reet. R	altimore	Marvl	and 21201		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE							
	J	NUN U 5, 43	Aulia Davidso	~ Aandalle							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BATIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 fluing the manufactor of the intended of purple of the proposal or attending physician.

E	S	ficat	Sta	=
ÍL.	SICIA	certi	中	2
0	H.	this	With	169
Z	NG	fler	ath	E
0	亨	×	or de	- 81
2	STE STE	6	afte	28
DIVISION OF VIT	TO THE HOSPITAL DR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR; After this certificat	OULS	IMPORTANT If Item 28 is marked or ite
	Z	AL I	72 h	=
	SPI	NER	high	Ė
	H	3	*	M
-	F	H	file	8
20	2	2	2	3
0.				
X				

	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	WILSON LEWIS	TAYLOR			MONTH		EAR
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	8 9-	07.00
			45.00	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI	(A4	8.	BIRTHPLACE (State or Foreign Country)
	382-10-1587		3 YRS.	-100	Dec. 23,	1908 K	Corea
	9e. FACILITY NAME (If not institution, give a	,		96. CITY, TOWN OR LOCATION (F DEATH	9c. COUNTY	OF DEATH
18	Shady Grove Adve	ntist Hospit	al	Rockvill	9	Mont	gomery
1 5	RESIDENCE OF DECEDENT						J 1
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
ā	Maryland	Montgomery		Rockville			1 X YES 2 NO
7	10e. STREET AND NUMBER			10f, ZIP CODE		10a. CITIZEI	OF WHAT COUNTRY?
FUNERAL	1604 Forbes Stre	et		20	351		d States
Z	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	13. WAS DECENDENT OF HI			
	1 Never Married 2 Married	FORCES? 1 TYPES	2 NO	It yes, specify Cuban, M	xican, Puerto Ricen, etc.)	res or No — 14	. RACE — American Indian, Black, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES 2 X NO S	ecify:		Specify:
	15. DECEDENT'S EDUC		144- 0505050505		200		White
	(Specify only highest grade	completed)	(Give kind of w	USUAL OCCUPATION rork done during most of working	16b, KIND OF E	USINESS/INDUS	TRY
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)					
COMPLETED		5	Researc	ch Psychologis	H.E	.W.	
8 8	17. FATHER'S NAME (First, Middle, Last)	- 1 -		18. MOTHER'S	NAME (First, Middle, Maid	en Surname)	
BE	Corwin T	aylor			Nellie Bloc	d	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or R	rel Route Number, City or T	own, State, Zip Co	ide)
F	Ewing Bevard Tay	lor	1604 I	Forbes Street,	Rockville,	Maryla	and 20851
5	20a. METHOD OF DISPOSITION	20	b. PLACE ANO DATE O	F DISPOSITION (Name of	OATE 20c.	OCATION — CIN	or Town State
	1 Spariel 2 Cremetion 3 Remo	oval from State	netery_cremetory or other	ew Cemetery 11	/4/92 Pos		ship, Iowa
	21. SIGNATURE OF FUNERAL SERVICE UC						
	Shin. Ci)1/-	-	Home /Rockyri	lle Inc	300 W	nphrey Funeral Montgomery Ave
	Michele 4	Kulla	M00348	Rockville,	Maryland 2	0850-28	11011cgomery 11vc
	23. PART I. Enter the diseases, or o	complications that cause	d tha deeth. Do n	ot enter tha mode of dying,	such as cardiac or res	piratory arreal	, Approximate
	arrock, or neart lallure.	Liat only one cause on	ach lina.				intervai Between
	iMMEDIATE CAUSE (Final disease or condition	0		1. 1.			Onset and Death
	resulting in death)	. Respir	atory	Insutticie	ucy		
		DUE TO (OR AS	A CONSEQUENCE OF):			N°.
CERTIFICATION	Sequentially list conditions,	chron	nic Sev	Insufficie ere emphy	Sama		
Ē	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):			
3	CAUSE (Disease or injury						
E	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):			
E E	resulting in death, EAST	d					
	PART ii. Other aignificant condition	s contributing to death i	nut met manifelma i	About de dutes			
DICAL	Ross	D D D	() h	1 -		N AUTOPSY DRMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	Recent	Abdomi	nal H	ortic	1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?
M	Aneurysn	n Kese	ction				1 TYES 2 NO
I ×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26, PLACE OF DEATH	(Check only one)		
PHYSICIAN:	1 TES 2 THO	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER: 4 Nursing Home 5 Residen	na B 🗆 Other (Speeds)		
	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, INJURY AT	28d. OESCRIBE HOW	JNJURY OCCUR	ED.
	1 Netural 5 Pending	(Month, Day, Year)	INJU	M 1 YES 2 NO		INDON'I COCON	20
		1			-		
B	2 Accident Investigation	20. DI ACE OF IN HIM	/ At ham - to				
		28a. PLACE OF INJURY building, etc. (Spe	/ — At home, term, st cify)	reet, factory, office	28t. LOCATION (Street City or Town, Stell	a)	Rural Route Number,
	2 Accident Investigation 3 Suicide 8 Could not be determined	28a, PLACE OF INJUR' building, etc. (Spe	f — At home, term, st cify)	reet, factory, office	City or Town, Ster	a)	Rural Route Number,
	2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	building, etc. (Spe	спу)		City or Town, Stell	a)	Rural Route Number,
	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	CIAN: To the best of my know	eledge, death occurred	d at the time, date end place, end	City or Town, Stell	enner ee stated.	
COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINEI	CIAN: To the best of my know	eledge, death occurred	d at the time, date end place, end	City or Yown, Stei	enner ee stated.	tuse(e) and menner se stated.
BE COMPLETED	2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	CIAN: To the best of my know	eledge, death occurred	d at the time, date end place, end	City or Yown, Stei	enner ee stated. and due to the co	ause(e) end menner ee stated. GNED (Month, Day, Yeer)
COMPLETED	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINEI 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my know	riedge, death occurre n end/or investigation	d at the time, date end place, end , in my opinion, death occured at	City or Town, Stell due to the cause(e) end m the time, date end place,	enner ee stated. and due to the co	euse(e) end menner ee stated. GNED (Month, Day, Yeer) 29 - 99
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE! 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of my know R: On the basis of axamination COMPLETED CAUSE OF DE	riedge, death occurrent n end/or investigation	d at the time, date end place, end , in my opinion, death occured at	City or Town, Stell due to the cause(e) end m the time, date end place,	enner ee stated. and due to the co	euse(e) end menner ee stated. GNED (Month, Day, Yeer) 29 - 99
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE! 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of my know R: On the basis of examination COMPLETED CAUSE OF DE	riedge, death occurred in end/or investigation. ATH (ITEM 27) (Type.	d at the time, date end place, end i, in my opinion, death occured at 29c. LICENSE	City or Town, Stell due to the cause(e) end m the time, date end place,	enner ee stated. and due to the co	euse(e) end menner ee stated. GNED (Month, Day, Yeer) 29 - 99
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE! 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of my know R: On the basis of axamination COMPLETED CAUSE OF DE	riedge, death occurred in end/or investigation. ATH (ITEM 27) (Type.	d at the time, date end place, end , in my opinion, death occured at	City or Town, Stell due to the cause(e) end m the time, date end place,	enner ee stated. and due to the co	euse(e) end menner ee stated. GNED (Month, Day, Yeer) 29 - 99

173

10-29-92

rine Philiph

3. TIME OF DEATH

REG. NO

2. DATE OF DEATN

1. DECEDENT'S NAME (First, Middle, Last)

notified at once. be filled in by the funeral director, 0 other traumatic event, the completely HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati shows any injury, 23 Item ; 0 with t marked, 28 |8 1 Item = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Mattie ELVA MONTHO 31 1992 Teates 06:15 A M 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTYN
(Morth, Day, Ybar)
May 15, 1909 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTNPLACE (State or Foreign Country) HOURS MONTHS DAYS 1 - M 2/X F YRS 217-42-1823 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Physicians Memorial Hospital LaPlata Charles RESIDENCE OF DECEDENT 10a. STATE 10d. INSIDE CITY Maryland Charles Indian Head 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. #2, Box 26 20640 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1
YES 2(XNO Specify: 1 Never Married 2 Married BY 3XXWidowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10th Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) Berry F. Sanders Minnie W. Milstead 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Harrison A. Sanders 138 Circle Avenue, Indian Head, Maryland 20s METNOD OF DISPOSITION
1AD Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cedar HIII Cemetery 11-04-92 Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Mark G. Brohawn 22. NAME AND ADDRESS OF FACILITY
The Huntt Funeral Home, Inc. M00053 P.O.Box 156, Waldorf, Maryland 20640 23. PART & Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) 2 years 6 mostla CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Fibrillation AVAILABLE PRIOR TO COMPLETION OF CAUSA 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Watural 1 YES 2 NO 84 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occ curred at the time, date and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. 296. SIGNATURE AND THE OF CERTAFIER BE 29c. LICENSE NUMBER D-40479 10/3/1 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (5)pe, Print) Robert L. Davison MD. Pembrooke Sq. Highway 301 So. Waldorf, Md.20603 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randolle

the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. page 5 should be detached for use as

must

examiner

medical

BALTIMORE, MARYLAND 21215-0020

MON O 4

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OIMIL OI II	CE	RTIF	ICATE	OF	DEAT	TH T	MENIAL N	EG. NO.	5		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF C	DEATH			3. TIME OF DEATH
1	JAMES HER	BERT		TRI	CKET	Γ			Novem	ber	4, 1	992	10:20 A M
		S. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF 8 (Month, Day	WRTH		8. BIRTH	PLACE (State or Foreign
- 9	232-44-7094	X M 2 □ F	68	YRS.	MONTHS:	DAYS	HOURS	MIN.	Dec 2	5 19	23	Countr	W. Va.
-/	9s. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COL	INTY OF D	
DIRECTOR	Memorial Hospital	& Medic	al Cent	er	Cı	ımbe	rland	f			Α	llega	any
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CI	ry, town o	MI LOCAT	ION						10d. INSIDE CITY
H	Maryland Garr	ett			Mt.			1.					LIMITS?
	10e. STREET AND NUMBER				110.		ZIP CODI		_		10a. CIT	IZEN OF V	1 YES 2 □ NO WHAT COUNTRY?
8	624 Deer Park Aven				1	21	550			US			
FUNERAL	11. MARITAL STATUS	2. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes		14. RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W WW II	K YES 2 □ N AR OR DATES	ю	11.2	f yes, spe	2 NO	n, Mexica	n, Puerto Rican	i, etc.)		Speci	c, White, etc.
입	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION molecular	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b. KIN	O OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)]		work done (se retired.)	auring mos	st of worker	g					
M M	5-	+	Sup	ervi	sor				Ed	ucat	ion		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	m ! 1 .							ME (First, Middle	e, Maiden S			
BE	Harold	Tricket						rzel				Shaf	fer
0	196. INFORMANT'S NAME (Type/Print) Celene Trickett						nd Number		loute Number, C				
. 1	20a. METHOD OF DISPOSITION	·			r Str				akland				
	1 N Burisi 2 Cremation 3 Remove	al from State	20b. PLACE A	matory of	of DISPOS	mori	me of	'ordo	1 1 / 7	20c. LOC	ATION -	City or To	wn, State ryland
- 1	21. SIGNATURE OF TUNERAL JUSTICIO LICES	SEE	Garret				D ADDRES						
	falu DYX	Dure	► M0016	7								ox 24	43 d. 21550
	23. PART I. Enter the diseases, or cor	nplications that	caused the de	ath. Do									Approximate
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	t only one cau	on each line	- J	apri	1/47	en						Interval Between Onset and Death
	1111 227 30 31177	DUE TO	OR AS A COMSEC	securende on the first									
8	Sequentially list conditions,		Ha	1	400	geres	Jr.	yan	from				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	DENCE O	7/		At	lowr.	lain				
윤	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A COMSEC	LIENCE O	Miles	1	11/1	4180	Walt	-			i
ᇤ	resulting in death) LAST			/								İ	
핑	-												
EDICAL	PART II. Other significant conditions	contributing to	death but not n	1	in the un		led's	piven in		YES 2	MED?	24h.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	178	100	MERT	-	71	De	CLOP	7,7	Lecon	90	-		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	26. Pt.	ACE OF D	EATH /Chi	ick only sine)				
S		OSPITAL:	ER/Outpetient 3	T DOA	OTHER	R:			8 [] Other (Spi				
Ŧ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIR	E OF	28c. INJ	TA YRL	1	28d. DESCRIE	***	UURY OC	CURED	
ВУ Р	1 Hetural S Pending Pending Investigation	(Month, De	nc Mean)	186.	M	1 D	ES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At horetc. (Specify)	me, farm,	street, fact	ory, office			201. LOCATION	N (Street at	nd Numbe	r or Hunel H	loute Number,
TED	4 Homicide determined	bonoing.	enc. (capecay)						City or live	wn, State)			Addit minimosess
PLE.	29s. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of	my knowledge, des	nth occum	ed at the ti	me, date	and place.	and due	to the cause(s)	and man	ner na str	rted.	
COMPLET	one) 2 MEDICAL EXAMINER:) and manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	,										(Month, Day, Year)
) BE		14						29c. LICENSE NUMBER D19318				11/	4/99
10	Dr. N. Ranjithan 51 Oldtown Road Cumberland, MD. 21502												
	31. DATE FILED (Month, Day, Year)	4	R'S SIGNATURE										
	NOV 6 1992 A.A.	Saidson	MAG	F									



1.3. 24

BALTIMORE, MARYLAND 21215-0020	1.24 hours after death. Page 6 may be retained by the hospital or attending physic	y filled in by the funeral director, page 5 should be detached for use as the buriation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DECEMBER SHAME (PLY) ALONE ASIA ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SECURITY NUMBER** ***SOCIAL SE		NTAL HYGIENE REG. NO.		AND / DEPARTMENT CERTIFICATI	STATE OF MARYLAND	1 - STATE REGISTRAR			
A SPOAL SOUTH VANIAGE TO A SECTION VANIAGE AND ADDRESS OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONT	ME OF DEATN	DATE OF DEATN 3. TIME				1. DECEDENT'S NAME (First, Middle, Last)			
TODAY TO STATE AND MARKE of an instruction, gave moved and makes of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move of the move	1:40 pm	10-30-92 1		(In yrs. last birthday) A UNDER		Ucanita 4. SOCIAL SECURITY NUMBER			
THE STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF	_	Maryla	AYS HOURS MIN.	71. YRS. MONTHS	1 D M 2 D/F 71				
19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMBERS 19. STREET AND NUMB	145	DWN St. Ma	/	/////	Hospita		CTOR		
Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Code Web Care Cod	LIMITS?	Li	OCATION			Maryland St.	DIRE		
DEPOTEDUTE SUCCESSARY (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secon			10f, ZIP CODE	130022	7 3				
DEPOTEDUTE SUCCESSARY (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secondly (1) Secon						General Delivery	NER		
S. DECEDENT'S EDUCATION [The land of working of the property and completed by the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	e, etc.	uerto Rican, etc.) Black, White, Specify:	a, specify Cuban, Mexican, Pr	2 X NO	FORCES? 1 YES 2	3 Widowed 4 Divorced	B		
Rachard Woodland Annie Carter			PATION	16a. DECEDENT'S USUAL O	CATION 16a.	15. DECEDENT'S EDUC (Specify only highest grade			
Name of the condition Name () NowThird Name () NowThird Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name (Llomo		life. Do NOT use retired.)	College (1-4 or 5+)	Elementary/Secondary (0-12)	7		
Name of the condition Name () NowThird Name () NowThird Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name () Name (16 MOTNED'S NAME	nonellaket		17. FATNER'S NAME (First, Middle, Last)	OM		
Sequentially list conditions, resulting in death) List onditions and an Address given in Part I. 24a. WAS AN AUTOPSY PERFORMEDT (CANSE Filter Intelligence or intelligence or conditions) 1 VES 2 NA NA A CONSCOURNE COP; 25a. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLACE OF INJUNY IN 26a. PLA				odland	Wood	Richard	m O		
20. MEAN OF OPERATOR 1 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. LOCATION City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City or Town, State 20. Location City						196. INFORMANT'S NAME (Type/Print)	0		
Together 2 Commention 3 Removal Iron State Complete State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State	20748					Joseph A. Tyer			
22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 2 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, inhock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or conditions) Sequentially list conditions, If any, seeding to immediate cause. Enter ONDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):				metery, cremetory or other place)	oval Irom Stale cemetery,	1 3/Buriel 2 Cremation 3 Remo			
23. PART II. Star the disease, or complications that caused the death. Do not anter the mode of dyling, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a co		TY	E AND ADDRESS OF FACILIT	22.		21. SIGNATURE OF FUNERAL SERVICE LIC			
Approved the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) a. Candis Response or conditions and the death of the cause of contributing in death) Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO					Hardiner	Michael 7			
NAMEDIATE CAUSE (Final disease or condition resulting in death)	Approximate Interval Between	a cardiac or reapiratory arreat,	mode of dying, auch as	d the death. Do not anter	complications that caused the	23. PART I. Entar the diseases, or o shock, or heart fallure.			
H any, leading to immediate cause of injury that initiated events resulting in death DAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	Onset and Death	0	eny Peis			IMMEDIATE CAUSE (Final			
H any, leading to immediate cause of injury that initiated events resulting in death DAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C		-une	nomer 1	atic can	DUE TO (OR AS A CONSE				
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 27 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. WAS AN AUTOPSY PERFORMED? 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 2 Accident Investigation 3 Suicide 6 Could not be determined 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF DEATH (Month, Day, beath of the cause(e) and manner as stated. 28c. PLACE OF DEATH (Month, Day, beath of the cause(e) and manner as stated. 28c. PLACE OF DEATH (Month, Day, beath o)		A CONSEQUENCE OF):	DUE TO (OR AS A CON	If any, leading to immediate cause. Enter UNDERLYING	CATI		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 27 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. WAS AN AUTOPSY PERFORMED? 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 2 Accident Investigation 3 Suicide 6 Could not be determined 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF INJURY — Al home, farm, street, factory, office 28c. PLACE OF DEATH (Month, Day, beath of the cause(e) and manner as stated. 28c. PLACE OF DEATH (Month, Day, beath of the cause(e) and manner as stated. 28c. PLACE OF DEATH (Month, Day, beath o				A CONSEQUENCE OF);	DUE TO (OR AS A CON	that initiated events	ERTIFI		
28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE O	AUTOPSY FINDINGS		lying cause given in Pari	out not resulting in the un	a contributing to death but no	PART II. Other algnificant condition			
2 Accident Suicide Suicide Cly or Town. State) Accident Suicide Cly or Town. State) Could not be determined 26e. PLACE OF INJURY — All home, farm, street, lactory, office 28l. LOCATION (Street and Number or Rural Route Number, City or Town. State) Cly or Town. State) 29e. CERTIFIER Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CENTURER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29	ABLE PRIOR TO LETION OF CAUSE (ATH?	COMPLE							
2 Accident Suicide Suicide Cly or Town. State) Accident Suicide Cly or Town. State) Could not be determined 26e. PLACE OF INJURY — All home, farm, street, lactory, office 28l. LOCATION (Street and Number or Rural Route Number, City or Town. State) Cly or Town. State) 29e. CERTIFIER Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CENTURER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29	YES 2 NO						ME		
2 Accident Suicide Suicide Cly or Town. State) Accident Suicide Cly or Town. State) Could not be determined 26e. PLACE OF INJURY — All home, farm, street, lactory, office 28l. LOCATION (Street and Number or Rural Route Number, City or Town. State) Cly or Town. State) 29e. CERTIFIER Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CENTURER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29			DE DE ACE OF DEATH (OL)			25. WAS CASE REFERRED TO MEDICAL	AN		
2 Accident Suicide Suicide Cly or Town. State) Accident Suicide Cly or Town. State) Could not be determined 26e. PLACE OF INJURY — All home, farm, street, lactory, office 28l. LOCATION (Street and Number or Rural Route Number, City or Town. State) Cly or Town. State) 29e. CERTIFIER Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. SIGNATURE AND TITLE OF CENTURER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 1/2/92 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D33470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye D34470 29e. LICENSE NUMBER 29						EXAMINER?	SICI		
3 Suicide 4 Nomicide 5 Could not be determined 29e. PLACE OF INJURY — All home, farm, street, lactory, office City or Yown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29e. SIGNATURE AND TITLE OF CENTIFIER 29e. LICENSE NUMBER D33470 29e. LICENSE NUMBER D33470 29e. LICENSE NUMBER D33470			:. INJURY AT 280 WORK?	28b. TIME OF	28e. DATE OF INJURY	27. MANNER OF DEATH 1 X Netural 5 Pending			
29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Vo D33470 29d. DATE SIGNED (Month, Day, Vo 11/2/92	umber,		office 281	/ — Al home, farm, street, lact	3 Suicide 6 Could not be 26e. PLACE OF INJURY — Al he building etc. (Specify)				
29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Vo D33470 29d. DATE SIGNED (Month, Day, Vo 11/2/92	nenner ee eleted					(Check only CERTIFYING PNYSIC	OMPLE		
D33470 D33470 D33470 D33470			29c, LICENSE NUMBER	£					
	12	11/2/9	D33470	EATN (ITEM 27) (Torse Print)	COMPLETED CAUSE OF DEATH (30. NAME AND ADDRESS OF PERSON WHO			
31. DATE FILED (Month Day Mar) 29. DEGISTRADE PROMOTION A SHE		50	arvland 2065		(1)				
31. DATE FILED (MONTH, Day, Your) 92 NOV 0 4 92 32. REGISTRAB'S SIGNATURE Randelle Julia Davidson-Randelle				ATURE Andelle	32. REGISTRAR'S SIGNATURE Julia Davidson	Bhasker Jhaveri, 31. DATE FILED (Month, Day, Yber) NOV 0 4 92			



the state of the state of

		isit permit. Pages 1, 2, 3 should	
LAMP 21215-0020	my hospital or attending physician.	detailed for use as the burial-tran	once.
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be munecing	by the funeral director, page that was	cal examiner must be notified #
N OF VII AL RECORDS, P.O. BOX 68/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be missing. In properties or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 and the detailed for use as the burial-transit permit. Pages 1, 2, 3 should be find within 70 hours after death with the State pear of Health and Mental Houlem prior in burial command or removal.	harked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
DIVISION	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After this ce	IMPORTANT: If item 28 is marked,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

2. DATE OF DEATH

MONTH. GAY

	1. DECEDENT'S NAME (First,	Addeds to a					_				HEG. NO.			
	1. DECEMENT S NAME (FISE	, MIOOR, LIISI)				/	_	/~			TE OF DEATH	Y	YEAR	3. TIME OF DEATH
			Edward			TIN	61	C		CC	7.24	199	12	1935 "
	4. SOCIAL SECURITY NUMB	BER	5. SEX	8. AGE (In yrs	. last birthday)	IF UNDER 1			R 24 HRS.	7. DAT	TE OF BIRTH		a. BIRTH	PLACE (State or Foreign
	222-05-8268		1 M 2 - F	73	YRS.	MONTHS	DAYS	HOURS	MINE,	Tun	e 14 19	19	De 1	aware
	9a. FACILITY NAME (If not in	attrition aive s	street and number)	1-					1011.05.05		0 11 17		NTY OF DE	
Œ		T OFFICE	96. CITY, TOWN OR LOCATION OF DEATH SALISBURY					CAIN		100				
DIRECTOR	PENINSULA I		AL MEDICA	L CEN.	TEK	S.	ALL	SBUR	Y			W.	ICOMI	LCO
S	RESIDENCE OF DEC	10b. COUNT	v		40.00	Y, TOWN OR								
<u>~</u>								ION						10d. INSIDE CITY LIMITS?
	Delaware	Suss	ex		Se	1byvi	lle						- 1	1 YES 2 NO
4	10e. STREET AND NUMBER						101	ZIP COD	Æ			10g. CIT	ZEN OF W	HAT COUNTRY?
8	209 Hoosier	Stree	t Ext.				1 1	9975				US	Δ	
FUNERAL	11. MARITAL STATUS	50100	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. W	_			NIC OBK	GIN? (Specify Yes			- American Indian,
	1 Never Married 2	Married	FORCES? 1	Y YES 2	□ NO	H :	yes, sp	ecify Cubi	en, Mexico	in, Puerl	lo Rican, etc.)	Or NO.	Black	, White, etc.
BY	3 Widowed 4 Divo	reed	IF YES, GIVE WIN			1 1	YE\$	2 NO	Specify	y:			Specif	White
	45 050	EDENT'S EDU												WILLCO
TE		y highest grade		16a.	Give kind of	work done du			ing	- 11	66. KIND OF BUS	INESS/INC	DUSTRY	1
	Elementary/Secondary (0	1-12)	College (1-4 or 5+)		Ille. Do NOT u	se retired.)				- 1				
COMPLETED	12			Mo	obile	Home	Par	k Ow	mer		Rental			
Ö	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (Firs	t, Middle, Malden	Sumame)		
	Oliver F. Ti	ingle						Ма	ry E	. B	aker			
BE	194. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS ((Street e				imber, City or Town	Ctata 7is	Code	
2				- 1										10075
	Kathryn M. 7										Se1byv			
- 1	1 Sp Burial 2 Crematio		oval from State	compton	CE AND DATE	ther piecel				1 6	ATE 20c. LOC			170 mm 4 m
	4 Donation 5 Other	. , , ,		Redi	men's	Cemet	ery		10	-28	-92Se1b	yvil.	1e, I	DE
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE			22. N	AME AN	ID ADDRE	SS OF FA	CILITY				
	▶ / 1/ //	1 /	11/											
	Mail	4 11/	17000			Has	tin	gs F	uner	al	Home, S	e1by	ville	e, DE
	23. PART I. Enter the di	seases, or o	complications that List only one caus	caused the	death. Do	not enter ti	ha mo	de of dy	ing, suci	h aa c	ardiac or respli	ratory an	rest,	Approximata
			List Only One Caus	e on each	mie.									Interval Between
- 1														
	IMMEDIATE CAUSE (Fin disease or condition		ROM	a .	<u>, , , , , , , , , , , , , , , , , , , </u>	4 6								Onset and Death
			a. COM	A CON) C	4 F								
	disease or condition	→	a. COM DUE TO (-		- 1					
NO	disease or condition	→					n l		FAI	40	URR			
ATION	disease or condition resulting in death) Sequentially list conditi if any, leading to immer	ons,	b. HEP	ATIC OR AS A CON	C A	EN,	AL	- /	FAI	40	URE			
ICATION	disease or condition resulting in death) Sequentially list conditi	ons,	b. HEP	ATIC OR AS A CON	C A	EN,	B C	- <i>/</i>	FAI	40	URR			
TIFICATION	disease or condition resulting in death) Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events	lons, diste NG ry		ATIC OR AS A CON	C A	EN,	A C	- <i>/</i>	FAI	40	URE			
ERTIFICATION	disease or condition resulting in death) Sequentially list condit! if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or Inju	lons, diste NG ry	b. HEP	ATIC OR AS A CON	C A	EN,	AL)	FAI	40	URE			
. CERTIFICATION	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diate NG ry	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	PEN, FI: CY	71)						Onset and Death
	disease or condition resulting in death) Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injusted initiated events	ions, diate NG ry	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	PEN, FI: CY	71)					246.	Onset and Death
	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diate NG ry	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	PEN, FI: CY	71)			24a. WAS AN	MED?	-	Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diate NG ry	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	PEN, FI: CY	71)			24e. WAS AN	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diate NG ry	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	PEN, FI: CY	71)			24a. WAS AN	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS	diene, diene NG ry T	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	PEN, FI: CY	erlying) couse	given in	Part I.	24s. WAS AN PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition resulting in death) Sequentially list conditi if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other significe	diene, diene NG ry T	b. HEP OUE TO (1) c. AS (1) DUE TO (1)	ATIC OR AS A CON OR AS A CON	SEOUENCE O	FP: CFFF:	erlying) couse		Part I.	24s. WAS AN PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Dissea or Injuthat initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	diene, diene NG ry T	b. HEP OF DUE TO (I	ATION AS A CON	SEQUENCE O	P.F. C.F.	erlying 26. PL) couse of D	given in	Part I.	24s. WAS AN PERFORI	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other significe. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ons, diate NG ry	b. DUE TO (c. DUE TO (d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. D. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. DUE TO (f. d. D. D. DUE TO (f. d. D. D. DUE TO (f. d. D. D. D. D. D. D. D. D. D. D. D. D. D.	OR AS A CON OR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS	SEQUENCE O	OTHER: 4 Nursin	26. PL	ACE OF D	given in	Part I.	24a, WAS AN PERFORI 1 YES 2	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list conditi if any, leading to immediate. CAUSE (Disease or injuithet initiated events resulting in death) LAS: PART II. Other significe. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Natural 5	ons, diete NG ry T ont condition	b. DUE TO (c. AS (C. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. D	OR AS A CON OR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS	SEQUENCE O	OTHER:	26. PL) ACE OF D	given in	Part I.	24a, WAS AN PERFORI 1 U YES 2	MED?		Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS: PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	ons, diate NG ry T ont condition D MEDICAL Pending revestigation	b. DUE TO (c. AS (C. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. D	OR AS A CON OR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY (, Year)	ISEQUENCE O	OTHER: 4 Nursir	26. PL	ACE OF D S THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	given in	Part I.	24a, WAS AN PERFORI 1 U YES 2	MED?	CURED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Cause. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in death) LAS: PART II. Other significe. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 0 2 Accident 1 3 Suicide 6	ons, diete NG ry T ont condition	b. DUE TO (c. AS (C. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. D	OR AS A CON OR AS A CON Genth but no ER/Outpatient NJURY (, Year)	ISEQUENCE O	OTHER: 4 Nursir	26. PL	ACE OF D S THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	given in	Part I.	24s. WAS AN / PERFORI 1 YES 2 one) ther (Specify)	MED?	CURED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list conditi if any, leading to immediate cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	ons, diate NG ry T ont condition D MEDICAL Pending investigation Could not be determined	b. DUE TO (c. AS (C. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. D	OR AS A CON OR AS A CON OR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A	iseouence of iseouence of resulting at 3 DOA 28b. TIM	OTHER: 4 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number 180 Number	28. PL 28. PL WO 1 U y, office	ACE OF D ACE OF D THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE O	given in	Part I.	24a. WAS AN , PERFORI 1 YES 2 One) ther (Specify) DESCRIBE HOW IN Street eity or Town, State)	MED? NO	CURED or Rural Ri	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Net	ons, diate NG ry T O MEDICAL Pending investigation Could not be determined	b. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (OR AS A CON OR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY (, Year) INJURY — Alt. (Specify) ny knowledge,	ISEQUENCE O	OTHER: 4 Number Street, factor	28. PL 28. INJ WO 1 1 Y 1 Y 1, office	ACE OF D S THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	given in	Part I. eck only 6 Or 28d. D	24a, WAS AN PERFORI 1 YES 2 One) ther (Specify) DCATION (Street eig) Cause(a) end men.	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Net	ons, diate NG ry T O MEDICAL Pending investigation Could not be determined	b. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (c. DUE TO (OR AS A CON OR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY (, Year) INJURY — Alt. (Specify) ny knowledge,	ISEQUENCE O	OTHER: 4 Number Street, factor	28. PL 28. INJ WO 1 1 Y 1 Y 1, office	ACE OF D S THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	given in	Part I. eck only 6 Or 28d. D	24a, WAS AN PERFORI 1 YES 2 One) ther (Specify) DCATION (Street eig) Cause(a) end men.	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED or Rural A	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Netural 5 1 Net	O MEDICAL Pending investigation Could not be determined IFYING PHYSI CAL EXAMINE	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	OR AS A CON OR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY (, Year) INJURY — Alt. (Specify) ny knowledge,	ISEQUENCE O	OTHER: 4 Number Street, factor	28. PL 28. INJ WO 1 1 Y 1 Y 1, office	ACE OF D S GREEN ACE OF D S GREEN ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D	given in	Part I. eck only 6 Or 28d. D 28f. LC cl to the c	24a, WAS AN PERFORI 1 YES 2 One) ther (Specify) DCATION (Street eig) Cause(a) end men.	MED? NO NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condittion resulting in death) Sequentially list condittif any, leading to immediate. Sequentially list condittif any, leading to immediate. Sequentially list cause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS: PART II. Other significe. 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suddide 6 6 6 4 Homicide 6 6 6 29e. CERTIFIER (Check only one) 2 MEDI-	O MEDICAL Pending investigation Could not be determined IFYING PHYSI CAL EXAMINE	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	OR AS A CON OR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY (, Year) INJURY — Alt. (Specify) ny knowledge,	ISEQUENCE O	OTHER: 4 Number Street, factor	28. PL 28. INJ WO 1 1 Y 1 Y 1, office	ACE OF D S GREEN ACE OF D S GREEN ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D	given in	Part I. eck only 6 Or 28d. D 28f. LC cl to the c	24a, WAS AN PERFORI 1 YES 2 One) ther (Specify) DCATION (Street eig) Cause(a) end men.	MED? NO NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS: PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1	One, diate NG FY T T T T T T T T T T T T T T T T T T	DUE TO (C. AS C. DUE TO (C. AS C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	DR AS A CON OR AS A CON DOR AS A CON Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no Geath but no	ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQU	OTHER: 4 Nursin BE OF 2 INNY M street, factor	28. PL 28. INJ WO 1 1 Y 1 Y 1, office	ACE OF D S GREEN ACE OF D S GREEN ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D	given in	Part I. eck only 6 Or 28d. D 28f. LC cl to the c	24a, WAS AN PERFORI 1 YES 2 One) ther (Specify) DCATION (Street eig) Cause(a) end men.	MED? NO NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition are supported by the cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 0 29 Accident 3 0 Suicide 6 0 29e. CERTIFIER (Check only one) 2 MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDI	One, diate NG FY T T T T T T T T T T T T T T T T T T	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	DR AS A CON DOR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY — Al te. (Specify) Try knowledge, mination end. LECTOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CON DOR AS A CO	ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O ISEQU	OTHER: 4 Nursir BE OF 2 Print) Print)	26. PL 26. PL 26. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF D ACE OF D TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRI	given in DEATH (Chi esidence NO No No ENSE NUM 2 0 9	Part I. eck only 6 Or 28d. D 28f. LCC Cl to the cc time, da	24e. WAS AN / PERFORI 1 YES 2 one) ther (Specify) DESCRIBE HOW IN DOCATION (Street e. try or Town, State)	MED? NO NO NUMBER NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition and the sequential sequence of the sequence cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 0 27. MANNER OF DEATH 2 Accident 3 Suddide 6 0 4 Homicide 6 0 29e. CERTIFIER (Check only one) 2 MEDICAL SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE SIGNATURE AND TITLE SIGNATURE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE AND TITLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	ons, diste NG ry T ont condition D MEDICAL Pending investigation Could not be determined IFYING PHYSI CAL EXAMINE OF CERTIFIEF PERSON WH	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	DR AS A CON DOR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY — Al te. (Specify) Thy knowledge, mination end. AR OF DEATH (C. K.)	iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseouence of iseou	OTHER: 4 Nursir BE OF 2 Print) Print)	26. PL 26. PL 36. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF D ACE OF D TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRICY TRI	given in DEATH (Chi esidence NO No No ENSE NUM 2 0 9	Part I. eck only 6 Or 28d. D 28f. LCC Cl to the cc time, da	24e. WAS AN / PERFORI 1 YES 2 one) ther (Specify) DESCRIBE HOW IN DOCATION (Street e. try or Town, State)	MED? NO NO NUMBER NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAST PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ons, diste NG ry T ont condition D MEDICAL Pending investigation Could not be determined IFYING PHYSI CAL EXAMINE OF CERTIFIEF PERSON WH	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	DR AS A CON DOR AS A CON DOR AS A CON Seath but no ER/Outpatient NJURY — Al te. (Specify) Thy knowledge, mination end. AR OF DEATH (C. K.)	ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOUENCE O ISEOU	OTHER: 4 Nursir BE OF 2 Print) Print)	26. PL 26. PL 36. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF D S GREEN ACE OF D S GREEN ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D	given in DEATH (Chi esidence NO No No ENSE NUM 2 0 9	Part I. eck only 6 Or 28d. D 28f. LCC Cl to the cc time, da	24a, WAS AN PERFORI 1 YES 2 One) ther (Specify) DCATION (Street eig) Cause(a) end men.	MED? NO NO NUMBER NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	CURED or Rural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE MARYJAND 21215-0020
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be may be made to the hospital or attending physician.	hay be men by the hospital or attending physician.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages and second many formula and Marrial Horison prior to hurial cremation or removal.	page 5 should be detached for use as the burial-transit permit. Pag
٦		it be notified at once.

_	HEOISTICAL								110	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			-	~				2. DATE OF D	DAY		YEAR	3. TIME OF DEATH
	CLIFFORD MOR	RIS		10	new	SE	ND		10	20)	92	2140 M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDE	MIN.	7. DATE OF B	IRTH (Year)		8. BIRTI Count	HPLACE (State or Foreign
- 4	215-26-5489	1 X M 2 - F	85	YRS.	MUNTINS	DATS	HOURS	mire.	10/14/	1907		MA	RYLAND
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	, TOWN	R LOCAT	ION OF DE	ATH		9c. COU	NTY OF C	DEATH
8	PENINSULA REGIO	NAL MEDI	CAL CENT	ER		SALI	SBUR	Y			WI	COMI	CO
DIRECTOR	RESIDENCE OF DECEDENT												
뿐	10a, STATE 10b, COUNTY				Y, TOWN		TION						10d. INSIDE CITY LIMITS?
		OMICO		SAI	LISBU								1 YES 2 XNO
FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD				_		WHAT COUNTRY?
剪	Rt.#3, Box 142, Wa	lston Swi	tch Road	<u> </u>				1801				USA	
בָּן בְּ	11. MARITAL STATUS		T EVER IN U.S. ARI						IIC ORIGIN? (Sp n, Puerto Rican		r No-	14. RAC Blac	E — American Indian, k, White, atc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATES					Specify		, ,		Spec	
													ican Americai
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G/	CEDENT'S ive kind of a Do NOT us	work done	during mo	on ast of work	ing	16b. KINI	D OF BUSIN	NESS/INC	DUSTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5	+)					\	n		. 17-		
E	7th grade		ret	ired-	labor	rer(I	_			ayner		rms	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle	e, Maiden St	umame)		
BE	Lewis Townsend							banna					
2	19a, INFORMANT'S NAME (Type/Print)								Route Number, C				400
	Ella Louise White H	ackett						Chest	ertown				
	20a, METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	20b. PLACE of cemetary,							20c. LOCA			
	4 Donation 5 Other (Specify)		_ Green	Acre	es Mo	emo	rial I	ark					aryland
	21. SIGNATURÉ OF FUNERAL SERVICE LIC	ENSEE	4.14		22. D	NAME A	ADDA DIN	D OV	920, Je	ey Me	emoi	rial (Chapel
	the trace of the	1/1	Plan		Sa	oute	#Z,	DOX Marv	land 2	1801	ROa	ıd	
CERTIFICATION	ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	DUENCE O	P1: P1:	Cas	le De	1.	efor	Taus 6	en		Interval Between Onset and Death	
	PART II. Other eignificant condition	e contributing to	death but not r	resulting	In the u	nderlylr	g ceuse	given in	Part I. 24s	. WAS AN A		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	Chron	en d	en le	20	red	m	170	De.	10	YES 2		_	COMPLETION OF CAUSE OF DEATH?
	ac 4 C	sial.	Cesa	C	De	L							1 TES 2 NO
ä	ell !	Lell	Lene	Res									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 0		OTHE		LACE OF	DEATH (Ch	eck only one)				
Si	1 YES 2 NO		☐ ER/Outpatient 3	□ DOA			ne 5 🗆 F	Residence	a Other (Sp	ectfy)			A COLUMN
BY PHYSICIAN: M	27. MANNER OF DEATH Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN.	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d, DEŞCRII	BE HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he i, atc. (Specify)	ome, farm,	street, fac	ctory, offi	ce .			N (Street an own, State)	nd Numbe	er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC MEDICAL EXAMINE												(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R	2		22	_	29c. Life	CENSE NUI	MBER 1	7	29d. DA	TE SIONE	(Month, Day, Year)
5	30. NAME AND ADDITION OF PERSON WH	O COMPLETED CA	JSE OF DEATH (ITE	M 27) (Type	a, Print)			$\mathcal{L}\mathcal{Q}$	20	,	1 .	7	
	4-6	(0 hr.		Do		- 6	00	(a	1	. V	de	el.	no
.1	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	11	7/6	- 9					-		
1	OCT 2 6 1992	Lulia Je	idson-Rang	Labour									
	DOLD O DOC	1											

	A bount
), (thin 2
760	and uni
99	practi
õ	2
m	Page
0	cartil
D. (2)	danth
Ö	4
S.	the state
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTENDANC DUVELOIANI. The law requires that death certificate he executed within 24 hours
7	- American
TA	É
>	AAN.
OF	DINNEL
N	MIC
SI	TERM
2	8 00

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	ALMA GEI	RTRUDE	TYLER		2. DATE OF DEATH		3. TIME OF DEATH 9:00 a. M		
	4. SOCIAL SECURITY NUMBER / 215-38-2008	1 □ M 2 💢 F 9 .	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		-19-1897 MARYLAND			
ECTOR	99. FACILITY NAME (If not institution, give at DORCHESTER GENERAL RESIDENCE OF DECEDENT		ral		RIDGE	EATH	DORCHESTER			
DIREC	10a. STATE 10b. COUNTY	RCHESTER	10c. CIT	Y, TOWN OR LOCAT			10d. INSIDE LIMITS? 1 [X YES 2			
FUNERAL	100. STREET AND NUMBER BRADE # 417, 701 RACE	ORD HOUSE STREET	APTS.	101	21613			EN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Nover Married 2 Married 2 Nover Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 X NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE/CAUC.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during mode retired.)	DN st of working		SUSINESS/INDU	STRY		
₽ E	8th		HOUSE	WIFE			EMAKE	R		
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maid	en Sumame)			
B	OSCAR AARON 19a. INFORMANT'S NAME (Type/Print) (]	Aucumen	Con Man ma		IDA	DORR				
2	MRS. PHYLLIS NO	ORTH	113	LINTHIC	UM DRI		RIDGE	, MD. 21613		
	20s METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remo	D	ORCHEST	ERMEMO	RIALPAR	K1992		DGE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	- Bunus	ell	CURR	AN FUN HIGH S	ERAL HOM	IE BRIDGE	, MD. 21613		
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	CVIT				Approximata Interval Between Onset and Death Golden		
MEDICAL	PART II. Other significent conditions	contributing to death b	out not resulting I	in the underlying	j ceuse given in	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C/	neck only one)				
Si	1 TES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outp	atlent 3 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOV	V INJURY OCCU	RED		
ED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	street, factory, office		281. LOCATION (Stree City or Town, Sta		Rural Route Number,		
COMPLET		CIAN: To the best of my known: R: On the basis of examination						couse(e) and manner se stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Hamto		29c, LICENSE NUMBER				29d. DATE SIGNED (Moven, Day, Must)		
10	30. NAME AND ADDRESS OF PERSON WHO	1 ms / 50	3 3	412001 3	57	Compru	Xe !	ml 21612		
	NOV 0 4 92	32. REGISTRAR'S SIGN								

TIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, make the part of director, page 5 should be detached filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation.

IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical exeminer must be notified at once. FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH		REG. NO.				
		ALLA TAYLO	R				2, 19	92	YEAR	TIME OF DE/	А. м
	4. SOCIAL SECURITY NUMBER 155-09-5135-A	1 □ M 2 🖾 F 83	(In yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE ((Month,			6. BIRTHPL Country)	ACE (State or I	
OR	9a. FACILITY NAME (II not institution, give 2947 Dublin Ro			96. CITY, TOWN OR LOCATION OF DEATH Street				9c. COUNTY OF DEATH Harford			
ည္	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	rv	100 CIT	V TOWN OR I	CATION				1000	7.5	
L DIRECTOR		arford	100	Darlington					1	LIMITS?	NO
FUNERAL	4104 Conowingo			21034			10g. CITI	USA	AT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 XNO	If yes	DECENDENT OF HISPA, specify Cuben, Mexico YES 2 NO Specific	an, Puerto R	(Specify Yes lcan, etc.)	or No-	14. RACE — Black, v Specify: Whit	American Inc White, etc.	flan,
	15. DECEDENT'S EDI (Specify only highest grad		18e. DECEDENT'S	USUAL OCCU	ATION	16b.	KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales I		most of working		Clo	thing	3		
S	17. FATHER'S NAME (First, Middle, Last)			_	18. MOTHER'S NA	AME (First, M	iddle Meiden	Sumama)			
8E	Rufus (nmn) 190. INFORMANT'S NAME (Type/Print)	Billings	1 405 200 11 110		Phrona	Eliz	abeth	Ca	audel]		
5	Barbara L. Watso		1138	Main S	St., Box 1					21034	
	20e. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State 20	b. PLACE AND DATE	EMOLIA	al Gardens	11-5	20c. LO		Bel P	ir, M	d.
	21. SIGNATURE OF FUNERAL SERVICE LI	LAAA A	es TIL	HOW	and address of Fa and K. McC Cokesbur	Comas	III F				
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do	not enter the	mode of dving, suc	ch as cardi	ac or respi	ratory arr	ost.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Approximate interval Between Onset and Death										
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
Ö	PART II Other significant condition	no contribution to doub							_		
MEDICAL	- Story symmatry condition	to deeti	out not reauting	reaulting in the underlying cause given in Par				AUTOPSY IMED? NO	CC OI	ERE AUTOPSY I MILABLE PRIOR DMPLETION OF F DEATH?	A TO CAUSE
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	. PLACE OF OEATH (C	heck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 - Residence	6 Chher	(Speciful				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c URY	INJURY AT WORK?	_	CRIBE HOW I	NJURY OCC	CUREO		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s		224	261. LOCA City o	TION (Street a r Town, State)	and Number	or Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my know	vledge, death occurr	ed at the time,	date and place, and due	e to the caus	e(s) and man	nner as state	ed,		
CON		ER: On the basia of examination	on end/or investigation	n, in my opinic	n, death occured at the	time, data a	and place, an	d due to the	e cause(s) a	nd manner as	stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	1em	-mx	0	P367	MBER	9	29d. DATE		onth, Day, Year 9 Z	
	30. NAME AND ADDRESS OF PERSON WI	13 man 50	4 hewis	5 5+	HAURE	de G	RACE	- m	d z	107 €	
	11 . Z NOV204 92	32. REGISTRAN'S SIGN	ridson-Rand	200							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hoss	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ortificate b	ng physici giene prio	other tra	
th ce	endir I Hy	0	
the dea	the att	Injury,	
that	th an	any	
requires	een sign	Shows	
e law	has b	23	
N: Th	State	Tel	
SICIA	certil	0	
JING PHY	After this death with	marke	
TEN	TOR:	28 18	
OR AT	OURS S	E	
TAL	PAL 1		
HOSP	UNE	ANT	
TO THE !	TO THE P	IMPORT	

14-510	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	31965
AR	CERTIFICATE OF DEATH REG. NO.	

	92-5814-510 FOR 1 - STATE REGISTRAR	STATE OF			RTMENT				MENTAL HYGIE	NE -	2 31965
3	1. DECEDENT'S NAME (First, Middle, Li		Mae Virt	z					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	MAE 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t hirthday)	VIRT		IF UNDER	24 MDC	7. DATE OF BIRTH	2	9.2 4:56 P M 8. BIRTHPLACE (State or Foreign
	215-05-3534	1 🗆 M 2(XF	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12/02/19(15	Petersville MD
	Sa, FACILITY NAME (If not institution, g	ve street end number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE			UNTY OF DEATH
10R	1504 GREENDAL	E ROAD			BAI	TI	MORE			Ba	1timore City
DIRECTOR	10e. STATE 10b. COL			10c. CIT	Y, TOWN O	R LOCAT	TON				10d. INSIDE CITY
		timore		Ba	1timc	re		_			LIMITS? NO PER 2 NO
FUNERAL	10e, STREET AND NUMBER						ZIP COD			10g. CI	TIZEN OF WHAT COUNTRY?
JNE	1504 Greendale		NT EVER IN U.S. AR	MED	13 V		21218		NC ORIGIN? (Specify Y	n on Mo	USA 14. RACE — American Indian,
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	WAR OR DATES		H	yes, sp		n, Mexica	n, Puerto Rican, etc.)	is or No—	Black, White, etc. Specify: White
9	15. DECEDENT'S I (Specify only highest g		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON of working	200	16b. KIND OF B	JSINESS/IN	IOUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)	uring mu	SI OF WORK	•	772 77		
M	11 17. FATHER'S NAME (First, Middle, Last)		5	ecre	tary		10 14077	MEDIO MAI	ME (First, Middle, Maide		ptica1
ш	David Washingto		r				1		Rose Hof:		
10 B	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Number, City or To	wn, State, Z	ip Code)
-	Faye C. Fauble				_			pers	Ferry, W	V 25	425
	20a. METHOD OF DISPOSITION 1.X Burlal 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	cemetery, cre	matory or o	ther placal			1.			- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11.	Mark		NAME AN	D ADDRE	SS OF FAC	CILITY		ille, MD
		Williams,			• 10	0 P	eter	svil:		runsw	rick, MD 21716
	23. PART I. Enter the diseases, shock, or heart failu	or complications the re. List only one ca	at caused the de use on each ilne	ath. Do i	not enter	the mo	de of dy	ing, suci	h as cardiac or res	piratory a	rrest, Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTE	RISCU OR AS A CONSEC	URO DUENCE O	110 P:	CA	RPIC	VAS	SCILAR	PISE	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSEC	QUENCE O	F):						
음	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO	(DR AS A CONSEC	DUENCE O	f):						
ERTI	resulting in death) LAST	d									
- 1	PART II. Other significant condi	tions contributing to	death but not r	esulting	in the un	deriying	cause (given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL									PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC											1 TES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	ir			6 Cher (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Noturel 5 Pending	28a. DATE O (Month, i		26b. TIM		28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY O	CURED
2 Accident Investigation 1 YES 2 NO								er or Rural Route Number,			
Ē	20- CESTIFIED					_					
COMPLETED	(Check only	IYSICIAN: To the best of									ited. the cause(e) and manner as attited,
BE C	29d. DATE SIGNED (Month, Day, Your)										
	O.C.M.E. 10/13/92									/13/92	
임	36 NAME AND ADDRESS OF PERION	WHO COMPLETED CAL	SE'OE DEATH ATE	M 971 /5	Dolott						
5	172110	Le, JR. 1	UD 111			ree	et,	Balt	timore,	Mary	land 21201
TO TO		W, JR. /	SE OF DEATH (ITEI N 111 AR'S SIGNATURE	Pen	n St	ree	et,	Bali	timore,	Mary	land 21201

O PE	ğ		
iospi	ched		4
the	deta		ONC
6	pp pe		7
retaine	5 shou		otifie
200	age		Pe
6 ma	700,		rust
300	direc		10
eath.	uneral		dmin
fler d	the	oval.	al e
e sino	d in by	or rem	medic
24 1	y fille	tion,	#
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ecute	nd ec	burla	atic
De ex	ian a	02 10	Man
cate	physic	e pri	er tr
certifi	ging p	lygien	4
eath	aften	Ttal	7, 0
the d	the	d Me	를
that	ed by	th an	any
uires	sign	Heal	SWC
W red	been	x. of	\$ S
he la	has	e Dei	E 2
AN: T	ificat	Stat	r He
SICI	cent	th the	d, 0
IG PH	or this	ath wil	narke
NDIN	R: Aft	er de	50
ATTE	ECTO	s afte	n 28
L DA	DIR.	Pour	Item
PITA	ERAL	in 72	T. H
HOS	E	with	TAN
黑	岩	filed	POF
2	2	2	3

92 31966 FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN	CEI	NI IFICA	ALE O	FUEAIR	REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE		Vall	and	ingham	2. DATE OF DEATH MONTH D	"92	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER S. SEX 220-32-6939 1 △ M 2 □ F	6. AGE (In yrs. last to 83	VRS. MON	THE DAYS		7. DATE OF BIRTH (Month, Day, Year) April 22,	r) Country)			
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) St. Mary S Naspital RESIDENCE OF DECEDENT		96.	CITY, TOW	OF LOCATION OF DE			NTY OF DEATH		
	10e. STATE 10b. COUNTY	10d. INSIDE CITY								
	Maryland St. Mary's		LIMITS? 1 ☐ YES 2 🎦 NO							
FUNERAL	P.O. Box 137				20656		10g. CITI	U.S.A.		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 NO		If yes,	ECENDENT OF HISPANI specify Cuben, Mexican ES 2 X NO Specify:		or No—	14. RACE — American Indian, Black, White, etc. Specify: White		
60	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECE	EDENT'S USU	AL OCCUPA	TION	16b. KIND OF BUS	SINESS/IND			
PLET	Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade	life. D	MOT use reti	red.)	most of working	F	arm			
COMPL	17. FATHER'S NAME (First, Middle, Last)	10	LIKOL		18. MOTHER'S NAM	E (First, Middle, Maiden				
BE C	William Lawrence Valland				Bessie	Mae Q	uade			
0	196. INFORMANT'S NAME (Type/Print) Mary Helen Vallandingham					oute Number, City or Tow. Le, Maryla				
	20a, METHOD OF DISPOSITION 1 🗠 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AN Cernetery, creme Sacred	d DATE OF DIS	sposition	Name of etery 11/7	7/1992 Bu	shwoo	city or Town, State od, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Michael Lard		22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270 Leonardtown, Maryland 20650							
	23. PART I Enter the diseasea, or complications that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (e on each line.		nter the r	node of dylng, auch	aa cardiac or reapi	ratory arr	est, Approximate Interval Between Onset and Death		
HIFICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CAP DI DR AS A CONSEOU	al J ENCE OF):	n la	etion art Disec	rie		3 h.		
SEN E	that initiated events resulting in death) LAST	OR AS A CONSEOU	ENCE OF):				-			
	PART II. Other significant conditions contributing to	leath but not rea	uiting in th	e underly	ing cause given in f			24b. WERE AUTOPSY FINDINGS		
MEDICAL	Phenmonea		-			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
N										
HYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO HOSPITAL: 1 Inputient 2	FR/Outpetlant 3		HER:	PLACE OF DEATN (Che					
YH.	27. MANNER OF DEATN 1 Netural 5 Pending 28e. DATE OF t (Month, De)	NJURY	28b. TIME OF	28c.	NJURY AT WORK?	28d. DESCRIBE NOW II	NJURY OCC	WRED		
2 Accident Investigation 3 Suicide 8 Could not be determined determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								or Rural Route Number,		
29a. CERTIFIER (Check only one) 2 METICAL EXAMINED. On the best of my knowledge, death occurred at the time, data and placa, and due to the cause(e) and manner as stated.										
20 20	2 MEDICAL EXAMINER: On the basic of axe	mination and/or inv	watigation, in	my opinion	, death occured at the t			e cause(e) and manner es stated. E SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	OF DEATH (ITEM	27) (Type Prins	1	D013	0 48		1. 6.92		
	John Ferwick	mil)		nardt	our,	M			
		ydson-Rang	dall			50				

pital or	ed for us		
the hos	detach		once.
ained by	hould be		iffed al
y be ret	age 5 s		be no
e 6 ma	rector, p		must
ith. Pag	neral di		miner
after dea	y the fu	noval.	cal exa
unou !	ed in be	, or ren	medi
ithin 24	etely fill	emation	nt, the
uted wi	1 compl	urial, cri	ic eve
be exec	clan and	or to be	aumat
rtificate	ig physic	liene pri	ther to
ath ce	tendir	al Hyd	0
the de	y the at	nd Ment	Injury
res that	igned b	ealth ar	rs any
w requi	been s	pt. of H	3 show
The la	ate has	tate De	tem 2
ICIAN	ertific	the S	-0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	ath with	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDIE	R: Al	er de	.00
ATT	SECTO SECTO	irs aft	m 28
IL DR	JI T	2 hou	=
SPITS	NERA	hin 7	NT:
무모	E FU	ed wit	DRTA
10	10	# B	IMP
			٦

	1 - STATE REGISTRAR	OIME OF I	CE		ICATE				MENIAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF		W.	YEAR	3. TIME OF DEATH	
		William	E. WIND	SOR						. 10,		TEAN	9:00 A M	
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF	BIRTH ev Mari		8. BIRTH Countr	PLACE (State or Foreign		
	215-34-4083	1 M 2 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	July	19,19	37		aryland	
	9a. FACILITY NAME (If not institution, give :				9b. CITY, T	OWN OR	LOCATIO					NTY OF D	EATH	
S S	1819 Arnold	Road				Bur	kit	tsvi	lle		F	rede:	rick	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~		Garage.										
E	Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Ma	lerick			TY, TOWN OR								10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	relick			Ijams	_							1 YES 2 NO	
FUNERAL	3105 Pheasant	Run				101, 2	217				10g. CITI	US.	HAT COUNTRY?	
2	11. MARITAL STATUS	12. WAS DECEDEN	FEVED IN ITS ADD	AED	42 140	O DECE								
BY FL	1 Nover Married 2 N Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N	0	H y	res, spec			NIC ORIGIN? (! in, Puerto Rici y:		or No-	Bleck	— American Indian, , White, atc. White	
	15. DECEDENT'S EDU	ICATION	18a DEC	'EDENT'S	USUAL OCC	LIDATION			16h VI	ND OF BUS	IN ECC (IN E		MITTE	
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Gh	re kind of Do NOT u	work done dur	ring most	of workin	g	100. (1	NU OF BUS	INESS/INL	PUSTRT		
2	11	College (1-4 or 5+		aint	er & l	Pape	rhai	nger	Pa	inti	ne &	Pane	erhanging	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mide			- 0.10	22.10.20.1.10	
	Robert I. W	h.ndsor							nda Wa					
BE	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADORESS (S	Street and			Route Number,			Code)		
2	Phyllis D. Wi	ndsor		31.05	Pheas	sant	Rur	1.	Ijamsv	rille	. Md	. 21	754	
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem		20b. PLACE A	ND DATE	OF DISPOSITI	ON (Nam	e of		DATE	20c 10c	CATION	City or Town State		
	4 Donation 5 Other (Specify)	noval from State	cernetecy cren	natory pro	ove Ce	emet	ery	10/	14/92	M	ount	Aim	7. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE			22. NA	ME AND	ADDRES	S OF FA	CILITY					
	► (Uli f	mil	#/						sworth			262	00000	
	23. PART I. Enter the diseases, or	complications that	ceused the dea	eth. Do	not enter th	oe mode	e of dyla	ng auc	Rd., I	amas	cus,	Md.	20872 Approximate	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one ceu	OR AS A CONSEO										Interval Between Onset and Death	
_	_	DOE 10 (OH AS A COMSEO	UENCE O	r):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEO	UENCE O	F):									
¥	ceuse. Enter UNDERLYING												İ	
Ë	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEO	UENCE O	F):									
FR	resulting in death) LAST	d												
	PART II. Other algolficant condition	as contributing to	death but not re	aultina	In the unde	alvino.	201102	luna la	Dord I o			1		
DICAL	HYPERTEN		DOLLIN DOL HOL TO	auting	in the dide	rrying	cause g	IAGII III		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	DIABETA		11741				_		_ 1	YES 2	NO		OF DEATH?	
Σ		1726	01110						-				1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL													
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:				eck only one)					
ž	27. MANNER OF DEATH	1 Inpetient 2 2		28b. TIN	-	g Home Bc, INJUF		eldenca	6 Other (S		I NIW OO	HIDED		
B	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF	INJURY — At hon	ne, farm.				,	28t LOCATIO	ON (Street a	nd Number	or Rural B	ouda Mumbar	
3 Suicide 6 Could not be detarmined 25e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 22e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State)									outo rearribus,					
COMPLETED	29e. CERTIFIER					-								
₽	(Check only one) 2 MEDICAL EXAMINE	ICIAN. To the best of a	my knowledge, dea amination and/or in	th occurr	ed at the time	o, data a	nd place,	and due	to the cause(a) and men	ner es stat	ed.		
8	29b. SIGNATURE AND TITLE OF CERTIFIE	1 4			, my opir					pieca, enc				
B	AND TITLE OF CERTIFIE	11		29c. LICENSE NUMBER					ABER	1600			(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	E OF OFATH OTHER	27) /5	Orint)		×.) M	777		C	ct.	12, 1992	
	Ronald E. Mil					÷ ***	MA	A	35	a 07	בחת			
	31. DATE FILED (MONTH, Day, Year) 1992		r's signature	u_w(TT DL	TAG	, PIC	• Al	ry, M	u. 2.	-//1			
100	31. DATE FILED (MONTH, Day, Year)	32 (REGISTRA	T'S SIGNATURE											

and the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of the said of th

ATT . T. A. THE EDITOR OF THE PROPERTY.

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	uise K.	MOI						2. DATE OF MONTH	DA	3. TIME OF DEATH		
			WARFIELD						Oct. 14, 1992 1				
ı	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF (Month, D	BIRTH ev Mer)		8. BIRTHPI Country)	LACE (State or Foreign "
	216-10-4294	1 □ M 2 🖔 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	17.19	903		aryland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		1 7	-	NTY OF DEA	
E I	Frederick Health	Care Ce	nter			Fre	deri	ck			H	reder	ni ok
K	RESIDENCE OF DECEDENT	oale de	11061		L	TITE	uell	LCK			1 1	redel	TCK
Ä	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION					3	10d. INSIDE CITY
8	Maryland H	Howard			Wo	odbi	ne						LIMITS?
7	10e, STREET AND NUMBER		_				. ZIP COD				10 - 0/7/		AT COUNTRY?
2	3684 Route 9	DLL				""		797			log. GH	US	
FUNERAL DIRECTOR								1 / 1					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO					IC ORIGIN? (5 1, Puarlo Rica		or No-	14. RACE Black.	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W			1	YES	2 1 NO	Specify:	:	,,		Specify:	
												M	Vhite
H	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		Give kind of	work done o			ng	16b. Ki	ND OF BUS	INESS/IND	USTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5	H "	fe. Do NOT us									
AP	8			C1	.erk				I	nsura	ince	Compa	iny
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	AE (First, Midd	lle, Maiden	Surname)		
BE (Frank Wart	field						Nan	cy An	n Dri	ver		
	19a. INFORMANT'S NAME (Type/Print)		-1	96. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number,	City or Town	n. State. Zin	Code)	
2	Guinevere M. War	field							ine,				
			20h PLACE	ANDDATE					OATE			Cify or Town	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, c	remetory or o	ther place)	O C	me or		10/16	206. LO		366	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENOEE	_ loetu	Tugs					1 "	76	WO	odbir	ne, Md.
	. 000	CENSEE	1	.1				SS OF FAC	worth	P /	1		
	1 Olin Z	Mo	lare in	th.					d., D			Wa c	00000
	23. PART I. Enter the diseases, or	complications that	t caused the d	leath. Do r	ot enter	the mo	de of dy	ing such	as cardiac	allias (retory er	PICL - Z	Approximata
	shock, or heart failure.	List only one cau	se on aech iir	16.			o. c.,		ou cardiac	or respi	atory att	001,	interval Between
1	iMMEDIATE CAUSE (Final disease or condition		2 .	- 35									Onset and Death
ļ	resulting in death)	a (a	long	with	14	hu	1						
		DUE TO	OR AS A COME	EQUENCE OF	5:								
S	Sequentially list conditions, Due to long as a consequence on:												
CERTIFICATION	if eny, leading to immediate	DUE TO	OR AS A CONSI	EQUENCE OF	3-			*					
5	CAUSE (Disease or Injury	e Hy	Linkel	-chi		بالوي	ary.	de	Ans	mul			
는 I	that initiated events resulting in death) LAST	DUE TO	(OR A5 A CONSI	EQUENCE OF	9:								
	leading in death) EAST	d											
	PART II. Other significant condition	as contributing to	death but not	considera i	n the un	4		-loon for F	Deat 1				
EDICAL	TAIL III GOILGIA	e ^	r ,	rasulting	n the uni	deriying	cause (given in r	Part 1. 24	PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	(and war	in the	and you						_ [1]	YES 2	XNO		COMPLETION OF CAUSE OF DEATH?
MA											,		YES 2 NO
<u> </u>													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	i:	5 (Pa	oldanos d	B 🗆 Other (S)				
₩	27. MANNER OF DEATH	26a. DATE OF		26b. TIM		28c. INJ			28d. DESCRI		LIURY OCC	TURED	
	1 Natural 5 Pending	(Month, Di			URY	WO	RK?		aou. Degoni	DE HOW II	WONT OCC	ONED	
2 Accident Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined determined determined control of the position of the determined determined determined determined determined control of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of the position of													
									ute Number,				
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	leath occurre	d at the tir	me, deta	and place.	, and due t	to the cause(and man	ner as stat	ed.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of ex	camination end/or	Investigatio	n, In my op	pinion, de	ath occur	red at the t	ime, deta and	place, and	due to th	e cause(s) s	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R						ENSE NUM					Month, Day, Year)
H	With h		Lu. 1.					- 18 1					15, 1992
2	20 NAME AND ADDRESS OF BERSON WE				2.1.11		-					000.	エフ, エファム
	30. NAME AND ADDRESS OF PERSON WH					T 1		D	70			-	.03
	Arthur G. Mana			7 Tho	mas	John	son	Dr.,	Frede	erick	, Md	. 217	01
	31. DATE OUCT 1 6 1992	32. REGISTRA	R'S SIGNATURE										
	00110 1335	Julia String	in- Randa	182									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

:

. .

73-75 A 10-20 A 10-20

WITE 18 1800 ACCOUNTS

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN			F HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Ray Eugene Wacht	er			wachter	2. DATE OF DEATH	3 9	3. TIME OF DEATH
			yrs. last birthday) 5 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 11-30-46		BIRTHPLACE (State or Foreign Country) Pennsylvania
OR	90. FACILITY NAME (If not institution, give stree Carroll County Ge		al		NN OR LOCATION OF DE Minster	ATH		TY OF DEATH UTULL
ا <u>د</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LO	DCATION	-		10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Carro	ll		Taneyt	own			LIMITS?
IAL	10e. STREET AND NUMBER				101. ZIP CODE			EN OF WHAT COUNTRY?
E E	2525 Roop Rd.	2. WAS OECEDENT EVER IN U	I C ADMED	42 485	21787	IIC ORIGIN? (Specify Yes	USA	A BACS American Indian
B	1 Never Merried 2 Merried	FORCES? 1 EXYES IF YES, GIVE WAR OR DATE Disch-9/21/6:	2 NO ES	If yes	e, specify Cuben, Mexica YES 2 X NO Specify	n, Puerto Rican, etc.)	or No	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade co	mpleted)	6a. DECEDENT'S (Give kind of v	USUAL OCCUI	PATION g most of working	16b. KIND OF BUS	SINESS/INDU	STRY
PLE	Elementery/Secondary (0-12)	College (1-4 or 5 +)	Parts	700100.7		Auto I	Doalon	,
ŏ.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden		
BE (Ray A. Wachter					erite Elz.		
2	190. INFORMANT'S NAME (Type/Print) Diane Wachter					Poute Number, City or Tow COWN MD 21		Code)
	20s METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Remove	20b. I			of cemetery, crematory or	20c. LO	CATION — C	ity or Town, State
	4 Donation 5 Other (Specify)	Mt	. Tabor			Rock	y Rid	lge, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	GEE .)	25.22	ENGEROPPE PURE	The Homes,	P.A.	
_	23. PART I. Enter the diseases, or son	Love	n T			, Frederic		
rion	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	PUE TO TOR AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNTY OF THE TOTOL AS A COUNT	CONSEQUENCE OF	and	L_ uuafi	Cougles up fixe	1	Internal Between Offset and Death fly well
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL (PART II. Other applicant conditions	contributing to both but	t not resulting	in the under	iying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 DEES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (Ch	eck only one)		
IVS		I ☐ Inpetient 2 ☐ ER/Outpat		4 - Nursing	Home 5 - Residence		N HIMN OCC	unen.
H	1 Seatural 5 Pending	(Month, Day, Year)	20b. TIM	URY	WORK?	28d. DESCRIBE HOW I	NUUNY OCC	OHED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rem. Steet.						or Plural Poule Number	
COMPLETED	(Critically)	AN: To the best of my persented						d. cause(s) and manner so stated.
	290. SIGNATURE AND TITLE OF DERTIFIER	////	- the	А	2 LICENSE NUI	MBEN	29d. DATE	SIGNED (Morely Day, Year)
TO BE	latable	Jane.	1	<i>y</i>	40590	03	1:	30et 72
F		M.D. Carrol	1 Count		oital West	tminster, I	Md. 2	21157
	OCT 21 1992	film sandon						

Adam, 1217

(A SERVICE	のは、	
BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	noval
	24 hours	filled in b	on, or rer
OF VITAL RECORDS, P.O. BOX 68760,	AN: The law requires that the death certificate be executed within 2	ificate has been signed by the attending physician and completely t	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
OF	HYSICIA	his cert	with the

REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH WANDA ALEATHIAL 92 WALL 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 3/3/35 517 1 M 2 X F 216-52-5729 W. VA 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GENERAL HOSPITAL FALLSTON DIRECTOR HARFOR 1 FallSton RESIDENCE OF DECEDENT 10a. STATE 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Aberdeen 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1802 Tower Road 21001 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 0 Homemaker In home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) French Brannon Flossie Bostic 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Mac Wall 1802 Tower Rd., Aberdeen, Maryland 21001 pe 20a. METHOD OF DISPOSITION
1 🎇 Burtal 2 🗆 Cremation 3 🗆 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Oak Grove Baptist Cemetery 11/2 4 Donetion 5 Other (Specify) Bel Air, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. 18ar Aberdeen, Maryland 21001-3399 23. PART i. Enter the Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition alliquenn resulting in death) or item 23 shows any injury, or other traumatic event, CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 245. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF GAUSE 1 YES 2 OF DEATH? 1 YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY

1 YES 2 NO 26. PLACE OF DEATH (Check anty anal) HOSPITAL: getient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 5 ☐ Other (Specify) TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or 27, MANNER OF DEATH SHE INJURY AT WORKY 28s. DATE OF INJURY (Month, City, West) 28d. DESCRIBE HOW BUJURY OCCURED 1 Natural BY OR ATTENDING Accident 3 🔲 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, str. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Years, State) ETED COMPL To the tiest of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE HOSPITAL C THE FUNERAL D filed within 72 ho 2 MEDICAL EXA MATURE AND TITLE OF CE BE 29d. DATE SIGNED (Month, Day, Year) 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FREILICE 101 32 REGISTRAN'S SIGNATURE 31. DATE HOEP (1072 05 201

36.

-50

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE	F DEATH	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) John Melv:	in Wyne				2. DATE OF DEATH MONTH OCt. 30,	1005	3. TIME OF DEATH 1:16 p m
			In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
	220-16-7953	XIXM2□F 6		MONTHS DAY		08704719	27 M	earyland
~	9a. FACILITY NAME (If not institution, give street	,			OR LOCATION OF DI	EATH	9c. COUNTY O	
DIRECTOR	Physicians Memo	<u>orial Hosp</u>	oital	La	Plata		Char	les
H.	Maryland Cha:	rles	10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
۵						jemoy		1 TYES 2XXNO
FUNERAL	Baptist Church	Rd.,Rt. 1,	Box 69		20662		U.S.	DF WHAT COUNTRY?
5	11. MARITAL STATUS	12 WAS DECEDENT EVER IN	III S ADMED	13. WAS D	ECENDENT OF HISPAN	NC ORIGIN? (Specify Yes		IACE — American Indian, Black, White, atc.
B	1 Never Married 2 Married FORCES? 1 YES 2 NO NO Specify: NO Specify: Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO Specify: NO							
BE COMPLETED	15. OECEDENT'S EDUCA' (Specify only highest grade co	ompleted)	16a. DECEOENT'S L (Give kind of w	JSUAL OCCUPA ork done during retired.)	TION most of working	16b. KIND OF BUS		
F	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechani			Comptor	R118	Service
ŏ	17. FATHER'S NAME (First, Middle, Last)		moonan		18. MOTHER'S NA	ME (First, Middle, Maiden		DELVICE
E	Unkown				Mary	Catherine	Padg	ett Weber
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	t and Number or Runal i	Route Number, City or Town	n, State, Zip Code)
5	Carol J. Wyne		Rt. 1	L, Box	69 A ,	Nanjemoy,	Mary	land 20662
. 1	20a. METHOO OF DISPOSITION XLXBurlai 2 Cremation 3 Remove	al from State 20b.	PLACE AND DATE OF	F DISPOSITION	Name of	OATE 20c. LO	CATION — City o	r Town, State
, 1	4 ☐ Donation S ☐ Other (Specify)		old Durk	nam Ce	metery	11/2/92 1	ronsi	des,Md.
1.05	I CO COLOR	Inlo L		AREI		ERAL HOMI 7,La Plat		20646
	23. PART I. Enter the disesses, Dr cor	mplications that caused	tha daath. Do no	ot antar than	node of dying, suc	h ss cardiac or respi	ratory srrest.	Approximata
	ahock, Dr haart failura. Lis iMMEDIATE CAUSE (Final	St Dniy Dna causa on ea	sch Ilna.					Intarval Between Onset and Death
	disesse or condition resulting in death)	Cand	io Ruly	nine	AD CANC	st.		
i	rounting in country	DUE TO (OR AS A	CONSEQUENCE OF):	0			
Z	Sequentially list conditions, b.	Che	HEK					
CERTIFICATION	if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	consequence of	idas	16			
SE	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	1 Clery	٠)			
E	resulting in death) LAST	Remal &	allere	>				
	PART II Other significent conditions	contribution to death by						
EDICAL	PART II. Other aignificant conditions		4/		memic ause given in	000000		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	MyoCardi	of Inday				1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ	Jeph James	1 Hans	e pue	niene	X 2	-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			00	PLACE OF OEATH (Ch			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME	OF 28c.	ome 5 Residence	28d. DESCRIBE HOW IN	JURY OCCURE	0
	1 Naturel 5 Pending Investigation	(Month, Day, Year)	INJU		VORK? YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, st	rest, factory, of	lice	28f. LOCATION (Street a	nd Number or Ru	ral Route Number,
COMPLETED	4 Homicide determined	bunding, atc. (Speci	пу)			City or Town, State)		
2 1	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, daath occurred	at the time, d	its and place, and due	to the cause(s) and man	ner as stated.	
NO N		On the basis of exemination						se(s) and manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	11/1	- 01	951.1	29c. LICENSE NUM	MBER	29d. DATE SIGN	NED (Month, Day, Year)
TO B	Kishalt (g fluys		D-125	87	•	
=	30. NAME AND ADORESS OF PERSON WHO						-	
	Girija S. Rath	, MD., 7C F	ost Off	fice F	ld.,Cenn	a Center,	Waldo	rf,Md.20602
	31. OATE FILED (Month, Day, Year) NOV 0 2 192		don-Randa	ea.				

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral discersor is after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be prefettled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0	b		
员	B		177
2	ğ		8
6	9		=
a p	ä		2
8	8		Ē
8 8		٦	2
-	ã	1	Ë
٠	ĕ	•	No.
OR.	ê		ä
6	Dera		Ē
dea	e fur	-	8X
after	y th	nova	cai
SUG	2	r rei	Ded
7	Filled	JU, 0	D 0
Jin 2	lely	matic	# '
- F	nple	Cre	Ven
petri	00	Па	9 3
exec	and	۵ 0	mat
2	ician	Jor	25
Cate	phys	90	101
erti	Bu	ygier	등
ath	tend	回	0
e de	he a	Ment	E
at th	5	pue	y in
S	Ded	th.	9
Trie	Sig L	Hea	OW.
W re	peed	f. 0	5
6	has	8	123
Ē	cate	State	Te l
CIA	ertifi	the	6
ESE	nis c	vith	ed,
6	th se	fi fi	nach
Ş	Att	de	is n
TE	10H	afte	28
JR A	IREC	SUNC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Propriet may be retained by the hoppital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral oliver on a 5 styling he attending physician and completely filled in by the funeral oliver of the signed by the attending the particular of the signed by the funeral oliver of the signed by the attending the signed by the signed by the funeral oliver of the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the signed by the sign	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	hin 7	E.
유	3	With	M
置	置	filed	2
2	2	2	₹

1	FOR 1 . STATE		STATE OF I	MARYLAND .						MENTAL	HYGIEN	E	Km (
	REGISTRAR 1. DECEDENT'S NAME (First	Addated A and			ERTIF	ICATE	OF	DEA	TH .		REG. NO.				
- 1			a.r							2. DATE O		Y 1		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	EANOR M. WILSON AL SECURITY NUMBER 5. SEX 6. AGE (in yrs. Ins			at hirtholasi	IF UNDER	4 WPAG	IF UNDER	A4 1000	7. DATE 0		0, 1		02:20 AM	
-	217 18 48		1 🗆 M 2 💢 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month.	Day, Year) -1922		Country)	BIRTHPLACE (State or Foreign Country)	
_	9a. FACILITY NAME (If not in					9b. CITY,		R LOCATI		ATH		9c. COU	NTY OF DE		
DIRECTOR	SACRED HEART HOSPITAL					CUM	BERL	AND				ALLE	GANY		
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					T	10d. INSIDE CITY		
	Md.	Al	legany			Frost	bur	g						LIMITS?	
FUNERAL	10s. STREET AND NUMBER						101	. ZIP CODI				10g. CITI	ZEN DF WI	AT COUNTRY?	
Ä	8 Char	Les St						2:	1532			Ţ	J.S.A	•	
FU	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.A.	RMED ND	13. 1	MAS DEC	ENDENT C	of HISPAN	IIC ORIGIN? n, Puerto Ri	(Specify Yes	or No-	14. RACE - Black,	- American Indian, White, etc.	
ВУ	3 Widowed 4 Divo	-	IF YES, GIVE V	WAR OR DATES		1 TES 2 NO Specify:				y:			Specify		
		EDENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BUS	INESS/INC	DUSTRY	White	
E	Elementary/Secondary (I	y highest grade 1-12)	College (1-4 or 5	+) (Give kind of b. Do NOT u	work done o se retired.)	luring mo	st of working	ng						
MPL	12				Te	xtile	>				Celan	ese (Corp.		
COMPLETED	17. FATHER'S NAME (First, M	11111	144					18. MOT			iddle, Maiden	Sumame)			
BE	Harry !		off								ooper				
2	19a. INFORMANT'S NAME (Mi Tana	11							r, City or Town				
	20m METHOD OF DISPOSIT	in 0. 1	WIISON	200 0110		Charles St., Frostburg, Md. 21532 DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State					1 2000				
	1 Burlet 2 Commettee 2 Barnount from Carte														
- 1	4 Donation 5 Other (Specify) Trostburg Memorial Park 10/29 Frostburg, Md. 21. SIGNATURE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							10.							
ľ	1 Choke	1.	Herre	/			Dur	st F	uner.	al Ho	me, F	rosti	ourg.	Md.	
	23. PART I. Enter the d	iseases, pro	omplications the	t caused the d	eath. Do	not enter								Approximate	
	shock, or heart feliure. List only one cause on each line.														
	disease or condition						Onset and Death								
	resulting in death)			(DR AS A CONSE				1	1 7 -	-31					
Z	Sequentially list appditions to DIFFUSE VASCULAR DISTAGE														
Ĕ	Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEDUENCE OF):														
음	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated entering) DUE TO (DR AS A CONSEDUENCE OF):														
CERTIFICATION	that initiated events resulting in death) LAST									İ					
G	d. PARP II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
AL	PARP II. Other significa	int condition	contributing to			in the un	derlying	cause (given in	Part i.	24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ö	111102	IO H	ener !	JAST P	9)				_	1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
Z										— I				T YES 2 NO	
AN	25. WAS CASE REFERRED T	O MEDICAL					00 PI	ACE OF D	EATH (OL						
PHYSICIAN: MEDICAL	EXAMINER?	- WEDIGIE	HOSPITAL:	ER/Ordnetlant	2 🗆 004	OTHER	l:			eck only one;					
H	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c, INJ	URY AT	sidence	6 Other	(Specify)	NJURY OC	CURED		
ВУ Р		Pending Investigation	(Month, E	Pay, Year)	IN.	JURY	-	AK? (ES 2	NO						
	2 Accident 3 Suicide 8	Could not be	28e. PLACE C	OF INJURY At h	ome, farm,	street, facto	ory, office				TION (Street a	nd Number	or Rural Ac	ute Number,	
TED	4 Homicide	determined		west (Openiny)						City of	Town, State)				
COMPLET	29a. CERTIFIER CERT	TIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurr	ed at the ti	me, date	end place	, and due	to the caus	e(a) and mar	ner as stal	led.		
OM	one)													and manner as stated.	
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER	1	1) 1				29c. LICI	ENSE NUM	ABER		29d. DAT	E SIGNED (Month/ Day, Year)	
0		15	BUT LY		See		STEC	, 1	031	875		•	10/2	6/92	
5	30. NAME AND ADDRESS OF	-		SE DF DEATH (ITI	ЕМ 27) (Туре	, Print)		REDT A	A NOTE OF	MD 2	1502		i	1	
i	DR. ROBERT 31. DATE FILED (Month, Day,	Year)		9UZDETU	M DK	LVE,	COMI	O E KL	мυ,	riv Z	TOUL				
	OCT 3 0	1992	Silia Navy	dson-Rand	all.										

B		
灵		
S		
ci.		
T.		
Pages		
ermit.		
al-transit		
burt		
the		
38		
use		
Q		
8		
detach		-
8		-
용		7
Sho		116
W		0
page		P.
ector.		mue
di		2
le Tal		nin
Ę		X
鲁	Š	-
3	DE G	line a
.5	H L	900
lled	n. c	6
ly fi	atio	#
lete	ET.	ut
dE.	5	PVB

21215-0020

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be medical examiner.

STATE OF	MARYLAND / DEPARTMENT			MENTAL	HYGIENE
	CERTIFICATE	OF DE	ATH		REG. NO.
				_	

	1 - FOR STATE OF M		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	E 01773			
	1. DECEDENT'S NAME (First, Middle, Last) IOhn L. Warnick	Jr.		2. DATE OF DEATH MONTH DAY	YEAR S. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 1 F		UNDER 1 YEAR IF UNDER 24 HRS. HYHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-4-1921	6. BIRTHPLACE (State or Foreign Md			
TOR	9e. FACILITY NAME (If not institution, give street and number) 40 Detmold St. RESIDENCE OF DECEMENT		city, town on Location of Conaconing	DEATH	BC. COUNTY OF DEATH Allegany			
DIRECTOR	10a. STATE 10b. COUNTY Allegany	Lonaco	own or Location oning		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	40 Detmold St.		101. ZIP CODE 21539		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 13 IF YES, GIVE W	EVER IN U.S. ARMED YES 2 NO R OR DATES WW.L.	It yes, specify Cuben, Mexic	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yee, specify Cuben, Mexicen, Puerto Rican, etc.) 1 UYES 2 X NO Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 + 12)	Ma Do NOT use m	done during most of working tired.)	16b. KIND OF BUS				
BE COM	17. FATHER'S NAME (First, Middle, Last) John L. Warnick Sr.		18. MOTHER'S N Aleda	AME (First, Middle, Maiden S Emma Ritch	Surneme) ie			
10	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Norma Pearl Warnick 40 Detmold St., Lonaconing, Md., 21539							
	20e_METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE # 2	20b. PLACE AND DATE OF D cemetery, crematory or other Mt. View Ce			CATION — City or Town, State OW Mills, Md.			
	Dona E. Mike		Eichhorn-McKe	nøie Funera				
	23. PART I Enter the diseases, or complications that shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	cardia) in	Catation		Interval Between Onset and Death 5 M) N			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)							
CERTIF	resulting in death) LAST	OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL	Sever Chronic Obst	deeth but not resulting in the	ne underlying cause given in	Part I. 24a. WAS AN / PERFORI	MED? AVAILABLE PRIOR TO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpetient 2		26. PLACE OF OEATH (C					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, De 2 Accident Investigation	NJURY 26b. TIME OF	28c. INJURY AT	28d, DESCRIBE HOW IN	JURY OCCURED			
	4 Homicide determined building, e	INJURY — At home, term, stree rtc. (Specify)	t, factory, office	28t. LOCATION (Street ar City or Town, State)	nd Number or Rural Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	1-3/	29d. CATE SIGNED (Month, Day, Year) 103/92			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 31. DATE FILED (Month, Day, Year) 32. REGISTRAF	NGEL	DMER	+230x2	828 Cumb. MD.			
		avidson-Aandall						

- 2

1.0

1

10

region of

Maria Maria Maria

1 -	FOR STATE REGISTRAP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Serina A.	. Walker					27 92	16:02
4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Form
012 04 5550	1 🗆 M 2 💥 F	YRS. I	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	ntry)
9a. FACILITY NAME (If not institution, give	X	9		2212222	09-15-19		
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	street and number)	,	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
Lions Manor Nu	csing Home		Cimbe	rland		Alleo	ranv
10a. STATE 10b. COUNT		Lan arms					
Ida. Cooki	•	10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MD A1	Legany	Cım	berlar	bo			J YES 2 N
10e. STREET AND NUMBER	31			H. ZIP CODE		10g. CITIZEN OF	WHÂT COUNTRY?
121 //				21502		USA	
131 Hanover Sta		U.S. ARMED	13, WAS DE	21502 CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		E — American Indian
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexico	nn, Puerto Rican, etc.)	Blac	CK, WINTE, OSC.
3 Widowed 4 Differed	IF YES, GIVE WAN ON DA	ILERY	1 U VE	B 2 NO Specif	y:	Spe	cify:
16. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	IIAL OCCUPATI	ON	100 1000 00 00		white
(Specify only highest grade	e completed)	(Give kind of work	done during m	ost of working	100. KIND OF BU	ISINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	and bornor assyri	sureu.)				
misnown		housew	ife		OWn	home	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maider	Surname)	
John Santeus	anio			Phi 1	Lomena San	sivaro	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street		Route Number, City or Tox		
Mae Tomas II III	- 11						
Mr. James V. Wa					mberland.		
1- Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State came	PLACE AND DATE OF I	placel		DATE 20c. L	OCATION — City or 1	lown, State
		Peter	Paul (Cem.	10-31 C	umberlan	d. MD
21. SIGNATURE OF FUNERAL SERVICE LI	A	/	22. NAME A	ND ADDRESS OF FA	CILITY	7	
23. PART . Enter the diseases, or	7 Nh -	1/1:	Scar	melli Fi	neral Home	2	
gameo	E William	LIM	Cum	perland	MD 21502		
23. PART . Enter the diseases, or	complications that caused List only one cause on as	the death. Do not	enter the me	ode of dying, suc	h as cardiac or reap	iratory arrest,	Approximat
IMMEDIATE CAUSE (Fine)	Liet only one couse on ea	ich line.		Α.	1		Onset and
disease or condition	1 20 1 200 11	100.1/2		10000	. 1		Olisot aliq
resulting In death)	DIE TO COR AS A	CONSEQUENCE OF:		CCIOR	MI.		
	C	Consequence or).	()		0 .	0	01
Sequentially list conditions,	o surere	costal	0206	votro !	periphera	ry yana	la .
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			Phiadans		
CAUSE (Disease or Injury	c						
that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST	d.						
PART II. Other aignificant condition	a contributing to deeth bu	rt not reaulting in t	he underlyin	g cause given in			b. WERE AUTOPSY FINE
Diabetis Mo	Witus C	.O. P.I	\sim	200 m	1 T YES	RMED?	AVAILABLE PRIOR TO
)	C. Q)	1 VES	NO NO	OF DEATH?
					_	l.	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)		
1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	itlent 3 DOA 4	THER:	ne 6 - Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O		JURY AT	28d. DESCRIBE HOW	IN HIEV OCCUPED	
1 Netural 5 Pending	(Month, Day, Year)	INJUR	W	DRK?	ZOW. DECOMINE HOW	MINORI CCCORED	
2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not be	26e. PLACE OF INJURY building, stc. (Speci	— At home, term, stre fy)	et, factory, offic		261. LOCATION (Street City or Town, State	and Number or Rural	Route Number,
4 Homicide determined					,		
29a. CERTIFIER 1 TO CERTIFYING PHYS	ICIAN: To the best of my knowle	dae deeth conumed a	t the time date	and plans, and dur	4-41		
MEDICAL EXAMINE	ER: On the basis of examination	erszor investigation, i	n my opinion, i	seath occured at the	time, date and place, a	nd due to the cause(s) and manner as stat
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
V. A. Kawith	an			D19	750		8-92
30. NAME AND ADDRESS OF PERSON WH		TH (ITEM 27) (Type Out	nt)	L D13	7.50	10-2	0-92
V.A. Ranjithan, M			ng Hon	e, Seton	Dr. Ext.,	Cumber1	and, MD 2
31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA						
OCT 2 9 1992							

ntal or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be made up in 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 meters after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLA

p 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH	3. TIME OF DEATH
	Mildred S.	Wilson			MONTH DAY	92 2 Am
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.		B. BIRTHPLACE (State or Foreign
	176-20-1737	1 □ M 2 🙈 F	94 YRS. M	ONTHS DAYS HOURS MIN.	5-15-1898	Country) PA
	9a. FACILITY NAME (If not institution, give s	street and number)	9	b. CITY, TOWN OR LOCATION OF	DEATH 9c. COUR	NTY OF DEATH
S S	CMNH			Rising Sun 1	nd C	eci/
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	10. 0077	TOWN OF LOCATION		
E	Md Co	- 1/	01	TOWN OR LOCATION	-	10d. INSIDE CITY LIMITS?
	100, STREET AND NUMBER	CI/		esapeke Cil	V	1 YES 2 NO
FUNERAL	1-7 77	- 11		101. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?
밀	11. MARITAL STATUS	12. WAS DECEDENT EVER I	MILE ADMED	2191	5	USA
	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	if yes, specify Cuban, Maxi		14. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, OIVE WAR OR O	ATES	1 TYES 2 NO Spec	city:	Specify: White
8	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US		16b. KIND OF BUSINESS/IND	USTRY
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during most of working etired.)		
COMPL	12		Salue	enne	Departin	est Store
ŏ	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	JAME (First, Middle, Maiden Surname)	or. Oldine
I W	Harold STirl	ina		1-6	ennah	
B	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING A		al Route Number, City or Town, State, Zip	Code)
2	William R. Wilson	0	107 TO	wen Print	El Chesaneko	C. T. M 21915
5	20a, METHOD OF DISPOSITION		PLACE AND DATE OF		DATE 20c LOCATION -	City or Town, Stata
	4 Donation 5 Other (Specify)	lovel from State	retery, crematory or other	(Cometery	10-31-92 Deexel	HII PA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	3	22. NAME AND ADDRESS OF	FACILITY	Hame
	1.00	41	10	Ky T. FUAN	(1)	0.00
	23. PART I. Enter the diseases, or	complications that chuse	TOTICES	1311ng	San MO	01911
	ahock, or heart fallure.	List only one cause on e	ech line.	enter the mode or dying, su	ich as cardiac or respiratory arr	est, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Page S.	1	1000	0 6	Onset and Death
	resulting in deeth)			an Hecid	ent	
		1 Out to con As /	CONSEQUENCE OF):			
CATION	Sequentially list conditions,	OUT TO (OR AS	CONSEQUENCE OF):			/
A	If any, leading to immediate cause. Enter UNDERLYING	Alter	her les	Ric Ho.	nt diseas	80 /
음	CAUSE (Disease or Injury that initieted events	OUE TO (OR AS	CONSEQUENCE OF):	000 - 1182	a cusery	
CERTIFI	resulting in death) LAST					
SICAL	PART II. Other aignificant condition	na contributing to death t	out not resulting in	the underlying cause given i	n Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	1 Km	rentica			1 _ YES 2 _ NO	COMPLETION OF CAUSE OF DEATH?
. ME						1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	Check only one)	
XSI	1 YES 2 NO	1 Inpution 2 ER/Out		THER: Nursing Home 5 Residence	6 Other (Specify)	
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCC	CUREO
BY PI	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO		
0	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stre	et, factory, offica	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
TE	4 Homicide determined					Ä.
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	rledge, death occurred a	at the time, data and placa, and do	ue to the cause(s) and manner as state	ed.
СОМР					ne time, date and piece, and due to th	
Ö	296. SIGNATURE AND TITLE OF CERTIFIE		11 1	29c LICENSE N		E SIGNED (Month, Day, Year)
O BE CON	payent	Red. 1C	That	MII 8 27	2307 11/	9/29/9
2	30. MAME AND ADDRESS OF PERSON WH	O COMPLETED CHOSE OF DE	ATH (ITEM 27) (Type, Pr	int)	1 1 1 1	7/
	FATANTILA	LKVAT	ELMY	123 81 ngs	yttwee ELATO	M MI)21921
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	2010	Sile Sides	20
	OCT 29'9 ?	· Sau	idson-Bondel	€ OCT 29'92	gilie Berden	Abordett.
					<i>(1)</i>	*

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

. T. Som Montette De 29'82 John Statem Spiriters.

98 85 100

|--|

31. DATE FILED (Month, Day, Year)
NOV 0 2 '92

							76	31910
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	D. WEIRI	EY	DATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 174-05-14/0	5. SEX 8. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Confirm)
Z, 3 snound	Sa. FACILITY NAME (IT not Institution, give a	spite!	9	11	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Marylan (a)	roll	10c. CITY/	TOWN OR LOCATE	ite-		£ c	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIREC	3/8 St. Mar	+ Way		101.	ZIP CODE 2/158		10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO		city Cuban, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	ns or No- 14.	RACE — American Indian, Black, White, etc. Spechy:
PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	Give kind of working the Do NOT use of	rk done during mos retired.)	N of working	Hoch	SINESS/INDUST	Kohn
notified at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Weib	ley	0 9	18. MOTHER'S NA	AME (First, Middle, Meidel 12/12	Surname) Z	Drumm
	190. INFORMANT'S NAME (Type/Print) EURI VIA B. h	leibley	196. MAILING A	DORESS (Street of	nd Number or Pural	House Number, City or To	wn, State, Zip Coo	Md. 21158
1	20s. METHOD OF DISPOSITION 1 Surfet 2 Termston 3 Rem 4 Donation 8 Other (Specify)	oval from State cemel	PLACE AND OATE OF tery, crematory or other		me of	DATE 20c. L	CATION - CHY	or Town State ful.
	21. SIGNATURE OF FUNERIAL SERVICE-LIC	ENSEE	-	22. NAME AN	ALL F	intell /	Horse	Westminster
t, the medical	23. PART I. Enter the disease's, proshock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on each	the death. Do not	t enter the mod	de of dying, suc	ch as cardiec or resp	oiratory arrest.	Approximata Interval Between Onset and Death
burial, crematic event,	Sequentially list conditions,	DUE TO (OR AS A C	Al	deni	rel	Aneur	zem	
mital Hygiene prior to burial, cremation, or y, or other traumatic event, the m CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	,				0	
ntal Hyginy, or of	resulting in death) LAST	d						
Dept. of Health and Men 23 shows any injur	PART II. Other significant condition	s contributing to death bu	t not resulting in	the underlying	cause given in		PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
state Dept r Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Respital:		26. PL	ACE OF DEATH (C/	heck only one)		
with the rked, or PHYS	1 YES 2 YNO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Dipatient 2 ER/Output 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
after death 28 is ma TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Specify	- At home, farm, stro			281. LOCATION (Street City or Town, State		Burel Route Number,
Z = 3	anal .	CIAN: To the best of my knowle						use(e) and manner ee stated.
be filed within IMPORTANT: O BE CO	296. SIGNATURE AND TITLE OR CERTIFIER	M	1		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mporth, Day, War) 10 36 97

OHMH-18 Rev 1/89

- -

2 ---

1	0	7	
BALTIMORE, MARYLAND 21215-0020	4 hours efter death. Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTI	FICATE	OF DEATH	F	REG. NO.		
- 13	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3. TIME OF DEATH
	Alicia D.		Zabriski	е		Octobe	er 27, 1	992	7:15 P w
		5. SEX 6. A	GE (In yrs. lest birthday		EAR IF UNDER 24 HRS.	7. DATE OF I			HPLACE (State or Foreign
		1 M 2 V F	53 YRS.		AYS HOURS MIN.	(Month, De	nr Want	Count	try)
- 8		**	33 1			Sept.			w York
~	Se. FACILITY NAME (If not institution, give stre	,			OWN OR LOCATION OF DI	EATH	9c. C0	DUNTY OF I	DEATH
DIRECTOR	13811 Sloan Street			Roc	kville		Mo	ntgo	mery
ទួ	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		10.0						
<u> </u>			10c. C	TY, TOWN OR I					10d, INSIDE CITY LIMITS?
		Jomery		Rockv	TITE				1 YES 2 X NO
FUNERAL	10s. STREET AND NUMBER				10f. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
5	13811 Sloan Street				20853		Un	ited	States
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WA	S DECENDENT OF HISPAI	NIC ORIGIN? (S	oecify Yes or No-	14. RAC	E — American Indian,
-	1 Never Married 2 Married	FORCES? 1 Y		If y	es, specify Cuben, Mexica YES 2 XNO Specifi	in, Puerto Ricai		Blac	k, White, etc.
ă a	3 Divorced		TO THE CO		TES 2 AND Specif	γ.		Spec	White
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT	S USUAL OCCU	JPATION	16b. KIN	ID OF BUSINESS/	NDUSTRY	
	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind o	f work done duri	ng most of working				
7	Elementary (0-12)	4	Market:	ing Acc	eictant	7	dvertis	ina	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Harket	ing Ass					
	Andrew Dulka						le, Maiden Surname	,	i
BE							doretska	`	
0	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Flural				
	Allison P. Zabris	kie	2145	Wainwr	right Court	, Fred	lerick,	Maryl	and 21702
3	20g, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove	al from State	20b. PLACE AND DAT	OF DISPOSITION	ON (Name of Oct. 31	, OATE	20c. LOCATION	— City or To	own, Stata
- 1	4 Donation 5 Other (Specify)	at from State	Gate of I	other place) leaven	Cemetery 1	992	Silver	Spri	ng, Maryland
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	YSEE		22. NA	ME AND ADDRESS OF FA	ашту _			/Rockville,
	· Rount 3	augh	M0019	98 ROD RO	ert A. Pum O West Moni ckville, Ma	onrey i tgomery	runeral y Avenue 3 20850-	Home,	/Rockville,
	23. PART I. Enter the diseases, or con	mplications that cau	sed the death. Do						Approximate
	shock, or heart failure. Lie	at only one cause of	n each line.						interval Between
	IMMEDIATE CAUSE (Final disease or condition								Onset and Death
ì	resulting in death) a.		tory Fai.						
				ur):					
HIFICATION	Sequentially list conditions, b.		tastasis						
2 1	if any, leading to immediate cause. Enter UNDERLYING			or):					
3	CAUSE (Disease or injury C.	Breast	S A CONSEQUENCE						
	that initiated events resulting in death) LAST	DOE TO (OH A	S A CONSEQUENCE	OF):					
	d.								
	PART II. Other significant conditions	contributing to deat	h but not regulting	in the unde	duing cause given in	Port I 24	. WAS AN AUTOPS	v	WERE HERRAN CHIRDING
3		contributing to could	in but not resoluting	in the onde	nying cause given in	Part 1. 244	PERFORMED?	240	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5						1	YES 2 K NO		COMPLETION OF CAUSE OF DEATH?
E						_			1 _ YES 2 _ NQ
								- 1	
3	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF GEATH (Ch	eck only one)	_		
2		HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 🔀 Residence	a 🖂 Other (Co	and the		
PHYSICIAN	27. MANNER OF DEATH	28s. DATE OF INJUS			c. INJURY AT		BE HOW INJURY O	CCUBED	
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Yea	17) 10	JURY	WORK?	200. 0240111	2	COOTIED	
2	2 Accident Investigation	28. DI ACE OF IN II	JRY — At home, farm						
ם ב	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S	Specify)	, street, factory,	Offica	City or To	N (Street and Numi own, State)	ber or Rural	Route Number,
				_					
COMPLE	(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my kr	nowledge, death occur	med at the time	, data and place, and due	to the cause(a) and manner as s	tated.	
5	2 MEOICAL EXAMINER:								e) and manner as stated.
- 4	295. SKINATURE AND TITLE OF CERTIFIER	1	100	4	29c. LICENSE NUI				
# 		1 Google	U-/ka	111/4			290. 0		(Month, Day, Year)
2	20 NAME AND ADDRESS OF THE STATE OF	CHUCKU !	()	4	D 4291	/		UCTO	ber 28, 1992
- 1	30. NAME AND ADDRESS OF PERSON WHO				,				
	H. Chaudri, M.D				W Washingt	on, D.	C. 200	07	
	H. Chaudri, M.D. 31. DATE FILED (Month 99), 1992	32 RECUSTRANS	SPACING CONTROL						
1	W12 32	0							



-	ž
	2
	Š
o,	rithin
9	3
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the death certificate he executed within 22 pg
~	×
\overline{c}	2
ŏ	278
᠆.	9
Ö	Par
	the
ທົ	- P
	4
\mathbf{r}	+
0	
O	1
ш	Ø
œ	1
4	3
⋖	12
	7
>	AN
UL.	5
0	3
7	0
	MC
=	5
S	H
>	AT
5	SPITAL OR ATTENDING PARK
_	-
	TIC
	V

		1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E	01370
		1. DECEDENT'S NAME (FIFS), Middle, Last)	Ada	ley		2. DATE OF DEATH MONTH	3 - 92	3. TIME OF DEATH
Pi		4. SOCIAL SECURITY NUMBER	5. SEX 6. ADE N	yrs. lape (fritchey) F UNO YRS. MONTH	ER 1 YEAR SF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Mostly, Day, Year) 5 22 0	Col	ATHPLACE (State or Foreign untry)
, 2, 3 should	стов	9a. FACILITY NAME (If not institution, give st	reet and jumpber)	Ave B	DISTOWN OR LOCATION OF D	1/4	9c. COUNTY O	FDEATH
if. Pages 1,	DIREC	10a. STATE 10a. COUNTY		19c. CITY TOWN	OR LOGATION	e S		10d. INSIDE CITY LIMITS? 1 1 18 2 NO
an. ransit permit.	NERAL	104. STREET/AND NÚMBER	LAN A	ve.	101. ZIP CODE	6	41	So IT
5-0020 nding physician. is the burlat-transit	BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	2 NO	8. WAS DECENDENT OF HISPA If yes, specify Cuber, Mexic 1 TYES 2 A NO Speci	an, Puerto Rican, etc.)	81	ACE — American Indian, lack, White, etc.
2121 lai or afte for use a	LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NOT use retired	e during most of working .)	16b. KIND OF BUS	HNESS/INDUSTRY	
y the hospital be detached to	COMPI	17. FATHER'S NAME (First, Middle, Lest)	17.50	Homev		AME (First, Middle, Maiden	Surname)	
AR ained b should	TO BE	19a. INFORMANT'S NAME (Type/Print)	HTER	19b. MAILING ADDRE	SS (Street and Number or Flural	ADA Mumber, City or Town	NTER n, State, Zip Code)	()
page the		20s. METHOD OF DISPOSITION	20b. F	CACE AND DATE OF DISP		DATE 200. LO	CATION - CRY II	Toyen, State
2 9 E		1 Burlel 2 Cremation 3 Remo	10	tery cremate for other place	DIAR JUG	n 13	Alto.	Co. Ind
death.		· Hoseph	& I, Ke	USS 3	105eff 1	orto Ave	e Boi	2 md 212
nours at or remo		23. PART U Enter the diseases, or o shock, or hairt failure. I	complications that caused to List only one cause on each	the death. Do not ent ch line.	er the mode of dying, suc	ch as cardiac or respi	ratory arreat,	Approximata interval Between Onset and Deatl
ompletely filli event, the		disease or condition resulting in death)	a. Maliann	*Negolas	m of Righ	+ Lung		Onest and Doct
UA 60 resident of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete	NO	Sequentially list conditiona,	b. DUE TO (OR AS A C		0	U		
sician prior t	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c					
death certifical attending phyental Hygiene lary, or other	ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):				
and the	CAL C	PART II. Other significant condition	s contributing to death but the Cardin	t not resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR		14b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	MeDi	Hypertenn	~			1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: The law income State Dept. or State Dept. or Item 23743	AK.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C)	neck only one)		
그 부족 이	PHYSICI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat 28a. DATE OF INJURY		ursing Home 5 - Residence			
S 등 등 등	BY Pt	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IF	JURY OCCURED	
TTENDI TTOR: A after da		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm, street, fa	ectory, office	281. LOCATION (Street a City or Town, State)	ind Number or Run	al Route Number,
AL OR	COMPLETED		CIAN: To the best of my knowled					
THE HOSPITAL THE FUNERAL filed within 72	ш	296. SIGNATURE AND TITLE OF CHITTURES	R: On the basis of examination of	onaro investigation, in my	29c. LICENSE NU			ED (Month, Day, Year)
TO THE Do filed IMPOR	TO BI	30. NAME AND ADDRESS OF PERSON WHO	Melle	NS	D1960	7	► 11-1	7-92
10		NOEL E. MCC	ALL, MD	2300 Gar	rison Blod,	Baltimore,	Md. 21	216
4		31. DATE FILED (Month, Day, Year) NOV 1 7 1002	12. REGISTRAR'S SIGNAT	UHE		<u> </u>		

er d	1, 2, 3 should	
	CHECUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
physician.	burial-transit	
al of attending	for use as the	
by the hospit	be detached	at once.
ay be retained	page 5 should	be notified
OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital of attending physician.	neral director,	ten 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
nours after dea	ed in by the fu	medical exa
rted within 24	completely fille	c event, the
ficate be exect	physician and	er traumati
the death certi	the attending	njury, or oth
requires that	DEFECTOR: After this certificate has been signed by the attending physician and completely filled in by the	shows any
CIAN: The law	ertificate has b	or Item 23
NOING PHYSIC	R: After this co	is marked,
OR ATT	DIRECTO DIVINE AND	1em 28

must be notified at once.

DORECTOR: A

38

Item

NOV 1

1992 7

21215-0020

MARYLAND

BALTIMORE,

dest OU bou

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Harriette Anderson 9 2ª 1=28 (Am 14 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 K F 220-20-5186 6/5/192 BALTO. MD Sa. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALITMORE BALITMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO MARYLAND BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 6114 MacBETH DRIVE USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merrie H yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use netred.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) BALTO. CITY PUBLIC CAFETERIA MANAGER SCHOOLS 17 FATHER'S NAME /First Miridle Last 18. MOTHER'S NAME (First, Middle, Maiden Surname WILLIAM FAULKNER SALLIE FREDONIA BECKHAM 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 LOUIS ANDERSON 6114 MacBETH DRIVE BALTO., MD 21239 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Red
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE "ARBUTUS" MEMORIAL PARK ARBUTUS, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART I the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) . Massive are bral 16 hours DUE TO (OR AS A CONSEQUENCE OF): HTN Chyper ten
DUE TO (OR AS A CONSEQUÊNCE OF): 10 hours CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA te 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 28b. TIME OF 28d. DEȘCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending ¥ 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1000 D11/14 3164 when 2 30. NAME AND ADDRESS OF PRISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hospital Johns Hopkins Baralchi 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

	de	2		ex
	fter	th.	Ova	76
	S	2	E.	die
	inor.	d in	0	E
Į	24	all le	ou.	9
	- Fig	ely	nati	=
	With	pjet	crer	E .
	pet	P03	e,	5
	DO	P	ğ	age a
	8	an a	8	Ē
	te b	Sici	540	E
	fical	E.	9	ě
	enti	Bui	vgie.	a
,	6	Bnd	I	0
	8	1	팊	ř
	â	6	3	重
	Ħ	E	Ę	2
	n	ě	퉄	-
	ã	100	至	280
	丑	ě	8	4
	ā	8	훈	23
	Ē	ä	8	E
	3		8	=
	2	E	ä	8
	至	9	€	8
	6.9	ä	é	B
	8	Ę	ë	=
	西	8	ä	99
	¥	E	10	1 2
	5	8	ž	Her
	西	喜	R	=
þ	8	量	돭	N.
ú	Ħ	ĥ	¥	Ħ
ŝ	ř	뽇	差	2
	TO ME HIGHRIGH DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after de-	TO THE THERMAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exc

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL HYGIEN	NE .	2 31980
	1. DECEDENT'S NAME (First, Middle, Las	"Agriesti	ce Alene	Agrie	gt i	2. DATE OF DEATH		3. TIME OF DEATH
	HICE A	Agriesti		119116	201	MONTH C	3 90	2 2:40 D M
ľ	4. SOCIAL SECURITY NUMBER 237-32-0284	6,/SEX 6. AG	E (In yrs. lest birthday)	WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, giv		66 YRS.			09-05-26		orth Carolin
E .					OR LOCATION OF E	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	Anne Arundel I		iter	Annap	olis		Anne	Arundel
E	MD An	ne Arundel		Y, TOWH OR LOCA				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ne Arunder	An	napoli				1 KYES 2 NO
RA	142 Jefferson	Stroot		1	I. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVEN	IN U.S. ARMED		1403	NIC ORIGIN? (Specify Ye	USA	
BY FI	1 Never Married 2 Merried 3 🔀 Widowed 4 Divorced	FORCES? 1 YE	S 2 7 NO	If yes, sp	ecity Cuben, Maxic	an, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S E	DUCATION	160 DECEDENTIS	HOUSE CONTRACT				
ETE	(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT u	WSUAL OCCUPATION Work done during mose retired.)	ON ist of working	16b. KINO OF BU	SINESS/INDUST	RY
7	12	College (I-4 or 5+)	Insur	ance sa	ales	Insur	anco	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ande be		AME (First, Middle, Meiden		
BE	Rozelle Ford				Lilli	e may Pe	rrv	
2	19e, INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tox	m, State, Zip Code	9)
9	Steven Agriest					Annapol.		
TO BE COM	★□ Buriel 2 □ Cremetion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	moval from State	b. PLACE AND DATE	ther place)		1	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	aryland		INS Cem		ownsvi	lle, MD
CACHELLE	Thomas 1	Anch tu		Harde	esty Fu	neral Ho		
	23. PART i. Enter the diseases, o	complications that have	ed the death De-	12_ Ri	dgely	Ave. Anna	apolis	, MD 21401
	shock, of heert islight	. List only one ceuse on	eech line.	not entar tha mo	da of dyling, suc	ch as cardiac or rasp	iratory erreat,	Approximate interval Between
8	iMMEDIATE CAUSE (Final disease or condition	illetas	anc s	Mall	1200	2	-	Onaat and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	call	Jung ca	acei	lyear
Z	Sequentially list conditions,	b						
ATI	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. OUE TO (OR AS	A CONSEQUENCE OF	F):				
FR	resulting in death) LAST	4		,				
	PART ii Other significant condition	one contribution to do at	h					
CAL	PART ii. Other significent condition	ons contributing to death	but not reauting	in the underlying	ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	Ch From C	Proposal	and of	rease		1 (1 YES 2	NO.	OF DEATH?
Σ	Curome	0032014000	e Xu	no a	Locase	-		1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	Lamber Comment		3 26. PL	ACE OF DEATH (C)	leck ank one)		
Sic	EXAMINER? 1 □ YES EXNO	HOSPITAL:	petient 3 DOA	OTHER:		6 Other (Specify)		
PHYSICIAN:	27. MANNER OF BEATH	28s. DATE OF INJURY (Month, Clay, Year)	286, TIM	E OF 38c. INJ		28d, DESCRIBE HOW I	NUMY OCCURE	0
87	1 Natural 5 Pending 2 Accident Investigation	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	***	440	ES 2 NO			
	3 Suickle 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (S)	Y — At home, farm, excity)	treet, factory, office		28f. LOCATION (Street a City or Yours, State)	and Number or Ru	ral Route Number
L L	20. CERTIFIER							
COMPLETED	(Check only CERTIFYING PHY	SICIAN: To the best of my kno	wiedge, death occurre	d at the time, date	end place, and due	to the cause(e) end man	iner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFI		(20c, LICENSE NUI			
TO BE	Keten	Cetare	(ILI)		D (62	364	P C	NED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	LATH (ITEM 27) (Type,	Print)	0	100 M	0	Aumonic
	31. DATE FILED (Month, Day, Huar)	32. REGISTRAR'S SIG	VATURE	VV	S COUP	ESIONE	MO 1	1 NONTHOUS
	NOV 1 7 1992	32. REGISTRAR'S SIG	fandell					
	HOA T (1991	0						

•	
-	
9	
9	
œ	
99	
BOX	
\mathbf{o}	
0	
U	
P.0	
-	
4.00	
(1)	
~	
ORD	
0	
Ö	
Œ	
TAL	
-	
-	
=	
>	
11	
ō	
0	
-	
-	
0	
=	
S	
=	
>	
-	
_	

	1 - STATE OF STATE OF REGISTRAR	MARYLAND / DEPARTMENT OF CERTIFICATE OF	HEALTH AND MEI	NTAL HYGIENE REG. NO.	JE 0170	
		LIAN B. BIGLEY		DATE OF DEATH	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 2/7-09-6790 1 M 2 9a. FACILITY NAME (If not institution, give street and number)			DATE OF BIRTH Month, Day, Year) 2-27-96	8. BIRTHPLACE (State or Foreign Country) MARYLAND	
CTOR	STELLA MARIS	Su. Gir, Town	Towson		TIMORE	
- DIRECTOR	Maryland Baltimore	10c. CITY, TOWN OR LOCA TOWSON	ATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2300 Dulaney Valley I	Rd.	21204	U.S	.A.	
BY	1 Never Married 2 Merried FORCES?	If yes, sp	CENDENT OF HISPANIC Of pecify Cuban, Maxican, Pu S 2 XNO Specify:	RIGIN? (Specify Yee or No— arto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White	
PLETED	Specify only highest grade completed) Elementary/Secondary (0-12) 6 VYS College (1-4 or	5+) 16a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during m life. Do NOT use retired.) HOMEMARE T	ION ost of working	18b. KIND OF BUSINESS/INO		
E COMPL	17. FATHER'S NAME (First, Middle, Last)	1cAllister	18. MOTHER'S NAME (F	irst, Middle, Maiden Sumame) Unkno	turn .	
TO BE	19a. INFORMANT'S NAME (Type/Print) Sr. Mary Rosaria	19b. MAILING ADDRESS (Street	and Number or Rural Route		Code)	
	20s. METHOD OF DISPOSITION 112 Burlal 2 Cremation 3 Removal Irom Stata 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (N. cegistery, greenetory or other place) Baltimore Nation	ame of	DATE 20c. LOCATION — C	City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME A Ruc	ND AODRESS OF FACILITY		Inc.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events reaulting in death) LAST	TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF):			Approximate Interval Batw Onset and D:	
MEDICAL	PART II. Other significant conditions contributing	to death but not reaulting in the underlyin	g cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDH AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient	QTHER:	LACE OF DEATH (Check on			
ВУРНУ	27. MANNER OF DEATH 26a. DATE	OF INJURY 26b. TIME OF 28c, INJ	DRK? 28d.	OESCRIBE HOW INJURY OCCI	UREO	
ETED	3 Suicide & Could not be 28s. PLACE	OF INJURY — At home, larm, street, lactory, office, (Specify)				
COMPLI	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of	of my knowledge, death occurred at the time, date axamination and/or investigation, in my opinion, d	end place, and due to the	cause(s) and manner as stete data and place, and due to tha	d. cause(e) and menner as stated	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Peda dolo	29c. LICENSE NUMBER	8 2 29d. DATE	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	use of oeath (ITEM 27) (Type, Print) r M.D. 2300 Dulaney V	1)270	0 7	1-11-92	

A Second Second

200

70 X September 1

4

.

1775

1

ACTURATE THE CONTROL HE AS DEED SIGNED BY THE ATTENDING PHYSICIAN AND COMPRISED FINE THE TOTAL AND THE CONTROL HE AS DEED SIGNED FOR THE STATE DEED. OF HEARTH AND MENTAL Hygiene prior to burial, cremation, or removal.

IN 28 In marked, or 18am 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	POPULARIE THE Last American shop show that a sadden he was not the con-
-	- 4
9	1
9	
-	- 3
00	- 1
***	- 6
•	- 15
-	- 6
\mathbf{c}	- 4
=	
-	i
	- 1
<u>~</u>	- 7
O	- 3
ο.	4
	- 1
	- 4
S	1
0	- 2
_	- 3
Œ	3
_	- 4
V	
()	- 3
9	-
ш	1
CC.	- 9
-	
IN OF VITAL RECORDS, P.O. BOX 68760,	ı
=	-
9	- 3
\vdash	F
_	-
-	-
-	- 5
L	2
_	- 5
o	- 5
_	- 6
2	ė
=	- 3
0	2
-	- 3
S	- 12
-	COLUMN TO A SECOND
>	2
	79
as:	05
T	1
8 7	
	4

D THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND I	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest)	Blanton				2. DATE OF DEATH	4 9	S. TIME OF DEATH OG45 AM
	4. social security number 403-26-5 782	1 - M 2 X F		HTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) NOV. 26, 19		BIRTHPLACE (State or Foreign Country) KENTUCKY
TOR RO	9a. FACILITY NAME (If not Institution, give	Adventist	Hosp.		R LOCATION OF DE		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNT	CGOMERY	Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Con	THERSE	19.00			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 925 CLOPPER RO)AD T-4		101	20878			OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2_ NO	If yes, spe	ENDENT OF HISPAR ecity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1.2	UCATION le completed) College (1-4 or 5 +) ()	16a. DECEDENT'S US (Give kind of work life. Do NOT use re HOMEMAK	k done during mod etired.)	PN st of working	16b. KIND OF B	HOME	TRY
S S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	Surname)	
BE	HOMER ADAM	WALKER			LUCIN		HOWA	
2	19a. INFORMANT'S NAME (Type/Print) GENERAL LEWIS I	ST.ANTON	196. MAILING AD			Ploute Number, City or To ERMANTOWN		^{de)} 20876
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF C				OCATION — City	
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	ETROPOLITI	N CREM	ATORY	1		RIA, VA.
	21. SIGNATURE OF FUNERAL SERVICE LY	Densee Bun	ber			BER FUNER		20882 ISVILLE, MD.
	23. PART i. Enter the diseases or shock, or heart fellure.	complications that caused. List only one cause on ea	the death. Do not					
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Emphy DUE TO (OR AS A	sema					Onset and Death 2 years
_	_			1- (·	many
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. Cigaret DUE TO (OR AS A	CONSEQUENCE OF):	Je ing				years
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DHE TO (OR AS A	CONSEQUENCE OF):					
H	that initiated events reaulting in death) LAST	4	CONSEQUENCE OF J.					
ပ၂	PART II. Other algnificant condition	ns contributing to death by	at not resulting in t	he underbies		Part i. 24a, WAS A		
EDICAL		almonale		ne underlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž.						-		1 TES 2 NO
SIA	26. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)		
PHYSICIAN: M	1 YES 2 NO	HOSPITAL: 12 Inpatient 2 ER/Output		THER:	5 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Neturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	y Wo		28d. DESCRIBE HOW	INJURY OCCUR	ED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Speci	— At home, farm, stree			28t. LOCATION (Street	and Number or F	Bural Route Number,
	4 Homicide determined		·"			City or Yown, State		
COMPLET		SICIAN: To the best of my knowle ER: On the besis of exemination						ruse(s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	MID			29c. LICENSE NUN	IBER	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	nt)	V3XE) /6	11	17 92
	beonard S	ax PE	130×1		Poole	esville	MD	20837
	NOV 1 7 1992	32 REGISTRAR'S SIGN	taje.					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate hat Deep sloped by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 28, shows any injury, or other traumatic event, the medical examiner must be netitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	REGISTRAN		JEHITICA	IE OF DEATH	REG. NO	J.				
	1. DECEDENT'S NAME (First, Middle, Last)	A	0 1	10	2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SE	X 8. AGE (In yrs.	2 00 KS		11)	6 9				
	214-64-613019	M2 F 3	YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	54 %	BIRTHPLACE (State of Foreign			
OR	90. FACILITY NAME (If not institution give street an	d Ceni	ter 96.	CITY, TOWN OR LOCATION OF E	e Cily	9c. COUNTY	OF DEATH			
בַּ	RESIDENCE OF DECEDENT		I son CITY TO	ON LOCATION	1	1	I have been been			
DIRECTOR	mayland		1	ATTI MOT	e		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
FUNERAL	16 15 UINCEN	7	10g. CITIZEN	OF WHAT COUNTRY?						
5		AS DECEDENT EVER IN U.S. DRCES? 1 YES 2		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Visan, Puerto Rican, etc.)	es or No— 14.	RACE — American Indian, Black, White, stc.			
BY	3 Wildowed 4 Divorced IF YES, OIVE WAR OR DATES 1 YES 2 PHO Specify: Society: Society:									
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ted)	DECEDENT'S USUA (Giye kind of work d	L OCCUPATION one during most of working	16b. KIND OF B	USINESS/INDUST	TRY			
COMPLE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (Give kind of work done during most of working life on NOT use ratified.)									
	17. FATHER'S NAME (First, Middle, Last) Brooks SR M. MOTHER'S NAME (First, Middle, Malden Surname) 11. MOTHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surname) 12. FATHER'S NAME (First, Middle, Malden Surnam									
TO BE	194. INFORMANT'S NAME (TOWPOUT)	nec	19b. MAILINO ADDE	BESS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Coo				
2	20s. METHOD OF DISPOSITION 1 (# Burtel 2 Crimetton 3 Removel for		E AND DATE OF DIS		OATE 20c. L	OCATION - City	roy Town, Systa			
	4 Opplition 5 Other (Specify) 11. SIGNATURE OF FUNERAL SERVICE LICENSEE	- 4/7	5/ern	22 NAME AND ADDRESS OF F	220	914/1	0.60. Mil			
	Joseph.	L. Keis	1	Joseph F	North	tve.	Belloundan			
	23. PARTAL Enter the diseless, or compile abock, or heart fellure. List or	cetione that caused the	deeth. Do not er	iter the mode of dying, su	ch as cardiac or rea	piratory arrest.				
	IMMEDIATE CAUSE (Final Onest and Death									
	disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):									
-		C/112211	() ()	wal faile	IN.					
101	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF):	The factor	~~~					
CERTIFICATION	CAUSE (Disease or Injury	alcote	duc	deinent						
1	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
EDICAL	PART II. Other algolificant conditions con	ributing to death but no	resulting in the	underlying cause given in	Part I. 24s. WAS A PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ED					1 TYES	200 NO	COMPLETION OF CAUSE OF DEATH?			
Σ.	1 YES 2 NO									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)					
YSI	1 □ YES 2,0 NO 150	PITAL: npetient 2 - ER/Outpetient		1ER: Nursing Home 5 □ Residence	e Other (Specify)					
ву рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	20c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
	a la receivent	8s. PLACE OF INJURY — At building, etc. (Specify)	factory, offica	26f. LOCATION (Street City or Town, State	reet and Number or Rural Route Number, tate)					
LEI	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
COMPLETED	(Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Chec									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	. 1		29c. LICENSE NU	MBER	29d. DATE SIGNEO (Month, Day, Year)				
TO B	(MI) (Oll	M		10183	41	D 11/16/52				
	30. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF DEATH (IT	TEM 27) (Type, Print)	wilkens	Ane 1	Balk	mdzizy			
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATURE	.00							
		the second lateral and location								

TO HE HUSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the follows after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN	_	31984			
	1. DECEDENT'S NAME (First, Middle, Last)	rd & Ballow			2. DATE OF DEATH			DAY SEAR D. TIME OF DEATH PM			
	4. SOCIAL SECURITY NUMBER 214-26-3323	5. SEX 6. AGE 1 1	UNDER 1 YEAR				1 Maryland				
S S	90. FACILITY NAME (If not institution, give street and number) North Arundel Hospital			9b. CITY, TOWN DR LOCATION OF DEA			eath sc. county of death Anne Aru				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCAT			10d. INSIDE CITY LIMITS?				
	Florida Vula				ZIP CODE		10g. CITIZEN	1 YES 2 NO			
FUNERAL	642A Robin Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI			13. WAS DEC	3217 ENDENT OF HISPAI	HIC ORIGIN? (Specify Ver		S . A . RACE — American Indian,			
À	1 Never Married 2 Married 3 Nidowed 4 Divorced	2 NO ATES	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)				Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done durina mo		16b. KIND OF BUSINESS/INDUSTRY						
MP	12 2 Ma. 17. FATHER'S NAME (First, Middle, Last)				40 1407115010 114	ME (First, Middle, Maiden	Telephone Co.				
ŭ	Joseph B. Ballo	u. Sr.			Nellie	i Surname)					
00	19a. INFORMANT'S NAME (Type/Print)	G / LG .	19b. MAJLING AD	NUING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
임	Lynette Khanna		212 Hun	Hunters Ridge Road Timonium, MD. 21093							
	20a, METHOD OF DISPOSITION 1 Burial 2 Commention 3 Ren 4 Donation 5 Other (Specify)	netery, crematory or other	Mount Crematory 11/17/92 Baltimore, MD.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home. In 7110 Belair Road Baltimore, MD. 21206										
NO	23. PABT I. Enter the alseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death										
CERTIFICATION	that initiated events resulting in death) LAST d										
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDER AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO										
S C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
Ž	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out	patient 3 L DOA 4			8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
ВУР	1 Natural 5 Pending 2 Accident Investigation	1 Natural 5 Pending (Month, Day, Year)		Y WO	RK? 'ES 2 NO	200. DESCRIBE NOW INSONY GOODNED					
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spe	/ — Al home, farm, stree city)	, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
OMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
O BE C	296. SIGNATURE AND TITLE OF GERTIFIE	ma.	M- D.		29c. LICENSE NUI えり えア	4) I	29d. DATE SIGNED (Month, Day, Year)				
ř	30. NAME AND ADDRESS OF PERSON WE		901	EAST	ERN S	BOULEVAR	B . A	A. BALTO. Md.			
Ì	31. DATE FILED (Month, Day, Year) NOV 1 7 1992	32. REGISTRAR'S SIG						31221			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 212 DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMORE, MARYLAND 212 BALTIMOR

	FOR 1 - STATE REGISTRAR		STATE OF N		/ DEPAF					MENT	AL HYGIEN REG. NO.	E	92	31	985
-	1. DECEDENT'S NAME (First	, Middle, Last)	THERESA V. BOWL				2. D/				DATE OF DEATH 11/13/92 3. TIME OF DEATH				BEATH
9	4. SOCIAL SECURITY NUMBER 218-26-2925		5. SEX 1 M 2 XF			IF UNDER	DAYS	DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 9/22/28			BIRTHPLACE (State or Foreign Country) MARYLAND		te or Foreign
Œ	9a. FACILITY NAME (If not in		treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH				
DIRECTOR	5734 1st AV	EDENT				ARBUTUS				BALTIMORE					
IRE	100. STATE 100. COUNTY MARYLAND BALTIMORE				2.2	10c. CITY, TOWN OR LOCATION								10d. INSID LIMIT	87
	MARYLAND BALTIMORE 100. STREET AND NUMBER					ARBUTUS 101. ZIP CODE				_	10g. CITIZEN OF WH.			1 TYES	ALNE
FUNERAL	5734 1st	AVENUE	E			21227					U.S.A.				
	11. MARITAL STATUS 1 Never Married 2XX	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2XX	RMED NO	If yes, specify Cuban, Mexican				HIC ORIGIN? (Specify Yes or No 14. RACE- III, Puerto Rican, etc.)			E — American Indian, ck, White, etc.		
ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE V	AR OH DATES	1 VES			S 2/7 NO Specify:				Specify: WHITE			TE
TED	(Specify only	EDENT'S EDU	completed)		ECEDENT'S	T'S USUAL OCCUPATION of work done during most of working T use retired.)				10	b. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0	l-12)	College (1-4 or 5	·)	OMEMAKER					OWN HO	ME				
Ö		ATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden S				Surname)					
BE	WILLIAM MI 19a. INFORMANT'S NAME (1)	NOR Vpo/Print)	 :	1	DIS MAII INC	ADDRESS	2 /Otmat a	HELEN Street and Number or Rural Route Number, City or Yown, State, Zip Code)							
임	DENISE LOVE		OVE (DAUG										,	AND 2	1044
	DENISE LOVERDE-DOVE (DAUGHTER) 5690 VANTAGE POINT ROAD, COLUMBIA, MARYLAND 21044 20e. METHOD OF DISPOSITION 1X/Purise 2 Cremetton 3 Removed from State 4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, State ADDITION OF DISPOSITION (Name of MEADOWRIDGE MEMORIAL PARK 11/16/92 DORSEY, MARYLAND														
	21. SIGNATURE OF FUNETIAL SERVICE CICENSEE					22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES									
	Lussevan ofto					1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a														
ATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.														
MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting					in the un	the underlying ceuse given in Part i. 24a. WAS AN AUTO PERFORMED 1 YES 2 N				MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE			
ä															
SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	D MEDICAL	HOSPITAL:	ED/Outrollers	2 004	OTHER	1 :	ACE OF D			-				
PHYS	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	4 Nurs	28c. INJ	URY AT	sidence		Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
ВУР		Natural 5 Pending (Month, Dey, Year)					M 1 YES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)					street, factory, office 28f. LOCATION (Street a City or Town, State)				and Number or Flurel Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of szemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIER Calcufact MO							29c. LICENSE NUMBER 29d. DATE SIGNES 11/4				(Month, Day, Year)			
5	St Agne	//	Spital	PLT	M 27) (Type	Print)	4	cre	13.	alt	- Mu	12	12	29	
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S EIGNATURE	٤		-							/	

	1 - STATE OF MARYL BURGESS SR.	AND / DEPARTA CERTIFIC	MENT OF HEALTH AN	D MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last) TOSEPH Bure	2. DATE OF DEATH MONTH	11/15/92	S. TIME OF DEATH						
		/	UNDER 1 YEAR IF UNDER 24 HI	S. 7. DATE OF BIRTH	/ 6	BIRTHPLACE (State or Foreign				
	213-10-3507 ¹¼M₂□F 83	YRS. MO	NTHS DAYS HOURS MI	Month, Day, Year) 02/07/09						
-	9s. FACILITY NAME (If not institution, give street and number)		L CITY, TOWN OR LOCATION O	F DEATH	9c. COUNTY	Y OF DEATH				
DIRECTOR	BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN BALTIMORE									
H 1	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
	MARYLAND BALTIMORE	CATONSVILLE			1 YES 2 NO					
RAI	10e. STREET AND NUMBER 1911 ROLLING GLEN ROAD	101. ZIP CODE 2122	Q	U.S.	N OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DECENDENT OF NE							
BY FI	1 Newer Married 2 (X) Yerried FORCES? 1 YES		If yes, specify Cuben, Me 1 ☐ YES XX NO S		14. RACE — American Indian, Black, White, etc. Specify:					
	3 Widowed 4 Divorced		1			WHITE				
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 +)	(Give kind of work He. Do NOT use re	done during most of working	16b. KIND OF BI	JSINESS/INDUS	TRY				
F		SALES PERS	SON	ESSKAY	MEATS	MEATS				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)							
H	OWEN BURGESS		CARIE PARKER							
2	19a. INFORMANT'S NAME (Type/Print) MINETTA BURGESS (WIFE)		RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LLING GLEN ROAD CATONSVILLE, MD 21228							
	20s. METNOD OF DISPOSITION 20b		OLLING GLEN R							
	20s. METNOD OF DISPOSITION 1 Cremetton 3 Removal from State 2 Cremetton 3 Removal from State 2 Donation 5 Other (Specify) WOODLAWN CEMETERY 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228									
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory street, ehock, or heart fallure. List only one couse on each line. Approximate interval Between									
	Open and Death									
	disease or condition resulting in death) Septic Shock DIE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
z	- Idiopash	ic Thra	ubercutonen	- Purson	~					
E		CONSEQUENCE OF):	/ /							
일	CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
ICAL	Hypertensian Performent AMAILABLE PRIOR TO COMPLETION OF CAL									
MEDIC	Doubetus Mellitus				DF DEATH? 1 ☐ YES 2 😿 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS	1 ☐ YES 2 ☑ NO	28b. TIME O	Nursing Nome 5 Resider F 28c. INJURY AT		IN ILIDA OCCITE	DED.				
	1 Natural 5 Pending (Month, Day, Year)	WORK? M 1 YES 2 NO	RK?							
ED BY	3 Suicide 6 Could not be 28s. PLACE OF INJURY	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
ETE	4 Homicide detarmined									
COMPLET	29s. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated.									
B	296. SIGNATURE AND TITLE OF CERTIFIER -1 C. Denny Hun	se phys	29c. LICENSE	NUMBER	MBER 29d. OATE SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Pris	77)	730	1.11/12/72					
	Sie Kran Chag und Bultim	ine Court	Teneral He	spanf, Rand	allston,	MD 21133				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATTE		7						
	NUV 1 133L									

8	S	
Te	40	
10	S	
0	ğ	
를	P	
00	5	
9	eta	
IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	
5	P	
9	3	
100	5	
2	5	
ă	90	
100	0	
9	ě.	
9	ě	
E	D	
ë	673	
eat	5	
P	2	E
afte	×	NO.
2	-	6
B	2	20
4	1	Ü,
=	2	ati
€	e	THE.
3	E	C
3	8	rial
9	5	g
8	5	ţ
B	ici	no.
31	E	0
tiğ	Q.	ene
8	Se Se	100
5	E .	H
269	TE .	unta
2	the	ž
I I	6	B
#	2	4
53	5	aatt
Ē	S	Ĭ
ě	99	0
AM.	S	106
2	Pa.	ä
E	ate	tate
AN	iffe	S
2	Dec	th
3	S	tip.
4	=	3
9	-	ŧ

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1 1 - 1 4 - 9 2 3. TIME OF DEATH 4: 30 MM

MONTH

14 72 1630 M FRANK (NMN) BUSALACCHI FRANK BUSA LACCHI 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day, Yber) 02/20/06 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 86 387-34-0655 MONTHS DAVE 1 WM 2 DF WISCONSIN 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR ST. AGNES HOSPITAL BALTIMORE 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES X X NO MARYLAND BALTMORE CATONSVILLE FUNERAL 10a. STREET AND NUMBER 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 16 NUNNERY LANE USA 21228 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come Elementary/Secondary (0-12) 12TH College (1-4 or 5+) BUSINESS OWNER PIZZARIA be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN BUSALACCHI FRANCES TARANTINO BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MARY GAYE OLSON NUNNERY LANE. CATONSVILLE, MD 21228 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must METRO CREMATORY. 11-16 BALTIMORE, MARYLAND INC. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY CREMATION SOCIETY OF MARYLAND, 820 INC. GEORGE E MACNABB 299 FREDERICK ROAD, BALTO., 21228 MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition RESPIRATORY FAILURE PNEWMONIA resulting in death) Item 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): DEHYDRATION MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DIABETAS MELLITUS CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST RENAL CHRONIL FAILURE PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Vinpetient 2 ER/Outpetient 3 DOA OTHER 1 YES 2 NO 4 Nursi ne 5 🗆 Residence 6 🗀 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Nem 28 Is marked, 1 Natural 1 YES 2 NO BY 2 Accident FUNERAL DIRECTOR: After within 72 hours after dear 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) HOSPITAL OR ATTENDIN 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month. 114/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print ADNAN ARSEVEN HOSPITAL 57 AGNES Goo CATAN BALTMARE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Davidson

(1	1
ð		
	020	physician.
	21215-0020	ital or attending
	_	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 1.2 moust be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	ATE OI	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	KATHLEEN	B. BILLM	YRE			OF DEATH			3. TIME OF DEATH
	Kathleen B		Lmyre	111			MONTH 14/ 92			9:58 am M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	/	DF BIRTH		e Bioti	HPLACE (State or Foreign
- 1	214-14-7539	1 □ M 3, □ F		NTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Count	ry)
							6-192			ryland
~	9e. FACILITY NAME (If not institution, give a	,	94		OR LOCATION OF DE	EATH		9c. COUNT		
DIRECTOR	Riverside Nur	sing Home		E	elcampe			На	arf	ord
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	4								
		•	10c. CITY, T	OWN OR LOC						10d. INSIDE CITY LIMITS?
	Maryland				Irvin	gton	l			1- YES 2 NO
₹	10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZI		WHAT COUNTRY?
FUNERAL	338 Marydell	Road			212	29			US.	A
5	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DE	CENDENT OF HISPAN	VIC ORIGIN	? (Specify Yes	or No-	14. RACI	E American Indian,
	1 Never Married 2 Married	FORCES? 1 YE		If yes, s	pecify Cuban, Mexica \$ 2000 Specify	in, Puerto R	ican, etc.)		Black	k, White, etc.
ž	3 X Widowed 4 Divorced		T ONLES		a sylveo special	y.			Spec	White
	15. DECEDENT'S EDU		16a. DECEDENT'S US	JAL OCCUPAT	ION	16b.	KIND OF BUS	INESS/INDU	ISTRY	
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re	done during n	nost of working	15.674				
COMPLET	12th	College (1-4 or 5+)		emake				HOme	2	
\ \{\bar{2}\}		 -	110111	emare					_	
	17. FATHER'S NAME (First, Middle, Last)	umb a school			18. MOTHER'S NA			,		
H 1	Joseph Humbertson Annabelle Truax							X		
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I					
-	_Linda A. Slav	ik	1942	Harew	rood Rd,	Edg	ewood	i, MD	2	1040
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE OF D			DATE		CATION - C	ity or To	own, State
	5 ☐ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	cometery, cremetory or other Loudon Pa	place)	11 G o 1 o 11 m	1			-	
1	21. SIGNATURE OF FUNERAL SERVICE LK	ENSEE //	Loudon Fa		AND ADDRESS OF FA		LO D	11 11	пот	e, m
	Seo 2	-7/40	4/		labb Fun		Home	. P.	. A	
	George E.	MacNabh			Frederi					MD 21228
	23. PART I. Enter the diseases, or o		sed the deeth. Do not							Approximate
	shock, or heart fellure.	List only one cause or	each line.		CHARLE STORY					Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	(, , , , ,	in An	1.						Onset and Death
	resulting in death)	a. AUTI	1 Clen	ll						
- 1		DUE TO (OR A	S A CONSEQUENCE OF):							
z	was a summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the summary of the	a cmo	hydra		-					
2 ∥	Sequentially list conditions, if any, leading to immediate	DUE TO OR A	S A CONSEQUENCE OF):	AT						
CERTIFICATION	cause. Enter UNDERLYING	· (lin	me Om	rille	0					
	CAUSE (Disease or Injury that initiated events	DUE TO (DR A	S A CONSEQUENCE OF):							
Ŧ	resulting in death) LAST									
3								·		
DICAL	PART ii. Other significant condition	s contributing to deet	h but not resulting in t	he underfyi	ng ceuse given in	Part i.	24e. WAS AN		24b	. WERE AUTOPSY FINDINGS
3						- 1	PERFOR	-		AMAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 YES 2	KWO		OF DEATH?
E						_				1 TES 2 NO
PHTSICIAN	AF 1880 010F C									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100		PLACE OF DEATH (Ch	eck only one)			
2	1 TES 2 NO	1 Inpetient 2 ER/O	outpatient 3 DOA 4	THER: Nursing Ho	me 5 🗆 Residence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH	26e. DATE OF INJUF (Month, Day, Yes			JURY AT ORK?	28d. DES	CRIBE HOW I	JURY OCCL	JRED	
	1 Natural 5 Pending	(Month, Day, 166	i) Indon	4.4	YES 2 NO					
5	a Catilda	28e. PLACE OF INJU	IRY Al home, farm, stree	rt. factory, off	ce	281, LOCA	TION (Street 8	nd Number o	or Russi i	Prude Number
1	4 Homicide 6 Could not be	building, etc. (S	Specify)			City o	r Town, State)			
	Ma CERTICEN			_						
MPLEIEU		CIAN: To the best of my kn								
3	one) 2 MEDICAL EXAMINE	R: On the basis of examina	ition entitor bevealigation, i	n my optysig.	death occured at the	time, date	and place, en	due to the	cause(4	e) and manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER	3	110	-11	29c. LICENSE NUN	MRFR		20d DATE	SACHED	(Mginth, Day, Year)
ון מ	(INDA FAC	111111-	IM	X	200	376		D //	100	T.
2 ∦	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE	DEATH OFFICE OF	-	1128	137		- (()	14	19/
				i A	DR.A	1	110	. 1	1	
	LINDA FREIL	1017 161	a whee	1/400	ex Dex	un	MD.	101	1	
	31. DATE FILED MONTH DON HOO!	32. REGISTRAR'S SI	GNATURE							
	110, 7, 1227	Thursday								
		- Though								

BAR SALE OF THE STREET

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR				CATE C	L DEW			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	_						MONTH			YEAR	3. TIME OF DEATH
	James Br	ooks				1		11	13		92	11.10 W
	226 18 4563	 AGE (In yrs. las 75 	MONTHS DAYS HOURS ARM (Mon				IE OF BIRTH Inth, Dey, Year) 4/30/17 8. BIRTHPLACE (State or Foreign Country) Va.			(יר		
	Se. FACILITY NAME (If not Institution, give str			9b. CITY, TOV	N OR LOCAT	TON OF DE		7 3 0 / 1		NTY OF D		
Œ	2302 Edmonds					timo		LAIN		J. SC. COO.	NII OF D	CAIR
6	RESIDENCE OF DECEDENT	on Aven	ue		Dal	CIIIO.	re					
Ĕ	10a. STATE 10b. COUNTY			10c. CITY,	Balti	CATION						10d. INSIDE CITY
FUNERAL DIRECTOR	Md.				Balti		16	_	LIMITS			LIMITS?
RAL	100. STREET AND NUMBER 2302 Edmonds	on Aven	116			101. ZIP COD	± 1223	3		10g. CITI	USA	WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT		4450	1 40 1110							
표	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	II yes	specify Cubi	en, Mexica	en, Puerto F	? (Specify Yes tican, etc.)	or No —	Black	E American Indian, k, White, etc.
BY	3 Wildowed 4 Divorced	R OR DATES		1 -	res 230 No	Specify	ly:			Bla	čk	
유	16. DECEDENT'S EDUC	16a. DE	CEDENT'S L	JSUAL OCCUP	ATION	VI.	16b.	KIND OF BUS	SINESS/IND	USTRY		
ET	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Gi		ork done during retired.)		ing	2,000	MILE FRANCE			
COMPLETED				Con	tract	or			Buil	ding		
O	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, A	Aiddle, Malden	Sumame)		
BE C	James Brooks					Sa	arah	Sm	diddle, Malden Lth			
TO B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Str	et and Numbe	or Plural I	Route Numb	er, City or Town	n, State, Zip	Code)	.,Md21227
F	Mary King			184	Sout	n TWI	ın C	irc	Le Wa	у ва	Ito	.,Md21227
20s. METHOD OF DISPOSITION \$\infty \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2 \Burlal 2							CATION —					
4 Donation 6 Other (Specify) Arbutus								11/	/1 8	Balt	0.,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICI	-				AND ADDRE			& So	ns		
	- James a	- Morton	υ						. Bal		. Md	. 21217
	23. PART / Enter the diseases, or ca shock, or heart failure. E	omplications that	caused the de	ath. Do no	ot enter the	mode of dy	ing, suc	h as card	liac or respi	ratory an	rest,	Approximate
- 1	IMMEDIATE CAUSE (Final	t a	4		0			Ä				Interval Between Onset and Death
	disease or condition resulting in death)	Mot	20210	ki p	00	INAP	21	1	uns	27		1
		. 100		~		~ ~ ~ ~	7-6	100	~~~	204		
		DUE TO (OR AS A CONSE	DUENCE OF	:			80	(1.		
NO		Di	abel	US.): 			80	(]		
ATION	Sequentially list conditions, if any, leading to immediate	Di	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	US.): 			***	(]		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	OR AS A CONSEC	QUENCE OF	i: i:				(]		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	abel	QUENCE OF	i: i:			-	(J.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	QUENCE OF)	- - -					J,		
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	QUENCE OF)	- - -				24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	QUENCE OF)	- - -				24a. WAS AN PERFOR	AUTOPSY MED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	QUENCE OF)	- - -				24a. WAS AN	AUTOPSY MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	QUENCE OF)	- - -				24a. WAS AN PERFOR	AUTOPSY MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (6	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	DUENCE OF	the underf		given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO (OR AS A CONSEC	DUENCE OF	the underf	ring cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (c	OR AS A CONSECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	DUENCE OF) DUENCE OF) DOA 28b. TIME	the underl	ring cause PLACE OF I	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (6	OR AS A CONSECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	DUENCE OF	the underl	ring cause PLACE OF toome 5 □ R	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	OR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DOA DOA 28b. TIME	:: :: :: :: :: :: :: :: :: :: :: :: ::	PLACE OF I	given in	Part I. Beck only on B Other 28d. DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? PUNO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 140
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	DUENCE OF) DUENCE OF) DUENCE OF) DOA DOA 28b. TIME	:: :: :: :: :: :: :: :: :: :: :: :: ::	PLACE OF I	given in	Part I. Beck only on B Other 28d. DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? PUNO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 140
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide Could not be datermined	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	DR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF) DUENCE OF) DUENCE OF) DOA 20b. TIME INJU	OTHER: 4 Nursing (OF 28c. RY M 1	PLACE OF I	given in DEATH (Chi lasidence	Part I. Beck only on B Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 1 YES 2 T (Specify) CRIBE HOW III ATION (Street or Town, State)	AUTOPSY MED? NO NJURY OCI	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 140
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	DR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHER: 4 Nursing (OF 28c. RY 1 reet, factory, c	ring cause PLACE OF E Iome 5 R R R R R R R R R R R R R	given in DEATH (Ch. lasidence NO	Part I. Beck only on B Other 28d. DES 28f. LOC. City o	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY OCCURRENCE AS SEEN	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 40
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0	DR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHER: 4 Nursing (OF 28c. RY 1 reet, factory, c	PLACE OF It tome 5 R NJURY AT WORK? YES 2 [filter and place, n, death occurrent.	given in DEATH (Ch tasidence NO No	Part I. Beck only on B Other 28d. DES 28f. LOC. City to the cause time, data	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY Oct and Number as stated didue to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0 DUE TO (0	DR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF)	OTHER: 4 Nursing (OF 28c. RY 1 reet, factory, c	PLACE OF It tome 5 R NJURY AT WORK? YES 2 [filter and place, n, death occurrent.	given in DEATH (Ch. lasidence NO	Part I. Beck only on B Other 28d. DES 28f. LOC. City to the cause time, data	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY Oct and Number as stated didue to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 40
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	DR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOA 28b. TIME INJU me, larm, st sth occurred investigation	the underf	PLACE OF It tome 5 R NJURY AT WORK? YES 2 [filter and place, n, death occurrent.	given in DEATH (Ch tasidence NO No	Part I. Beck only on B Other 28d. DES 28f. LOC. City to the cause time, data	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY Oct and Number as stated didue to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide Gould not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	DR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOA 28b. TIME INJU me, larm, st sth occurred investigation	the underf	PLACE OF It tome 5 R NJURY AT WORK? YES 2 [filter and place, n, death occurrent.	given in DEATH (Ch tasidence NO No	Part I. Beck only on B Other 28d. DES 28f. LOC. City to the cause time, data	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY Oct and Number as stated didue to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	DR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOA 28b. TIME INJU me, larm, st sth occurred investigation	the underf	PLACE OF It tome 5 R NJURY AT WORK? YES 2 [filter and place, n, death occurrent.	given in DEATH (Ch tasidence NO No	Part I. Beck only on B Other 28d. DES 28f. LOC. City to the cause time, data	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY Oct and Number as stated didue to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6 DUE TO (6	OR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR AS	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOA 28b. TIME INJU me, larm, st sth occurred investigation	the underf	PLACE OF It tome 5 R NJURY AT WORK? YES 2 [filter and place, n, death occurrent.	given in DEATH (Ch tasidence NO No	Part I. Beck only on B Other 28d. DES 28f. LOC. City to the cause time, data	24a. WAS AN PERFOR 1 YES 2 (Specify) (CRIBE HOW II ATION (Street e or Town, State)	AUTOPSY MED? NO NJURY Oct and Number as stated didue to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO Route Number,

No.

-	
8	
2	
œ	
9	
×	
0	
BOX 68760,	
0	
٥.	
_	
ທົ	
Ö	
RECORDS, P.O.	
$\overline{}$	
\sim	
~	
_	
•	
OF VITAL	
$\overline{}$	
0	
Z	
DIVISION	
0)	
>	
_	

	should
	1, 2, 3
	e detached for use as the burial-transit permit, Pages 1, 2,
	mit.
_	nsit pe
ysician	rial-tra
ing ph	the bu
aftend	Se as
oital or	thed for use as the bu
by the hospital or a	etache
by th	d be d
etained	shoul
ay be	page 5
H 6 H	rector,
hin 24 hours after death. Page 6 may be retained	eral di
ter dea	by the funeral d moval.
ours af	in by
24 hc	y filled
withir	mpletely cremati
ecuted	and co
e be e	sician a
rtificat	ng phy giene p
eath c	attendi rtal Hy
the d	by the
es that	gned t
requir	seen si
he law	e Dept
IAN: T	s certificate has been s th the State Dept. of H
PHYSIC	this certi
RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	After death
ATTEN	ECTOR rs after
TAL OR	AL DIR 72 hou
HSSH.	PONER
E	糎

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
- 5	1. DECEDENT'S NAME (First, Middle, Last) DORIS M. BERGER 2. DATE OF DEATH MONTH 11-11-92 2.55 P. M							
	4. SOCIAL SECURITY MIMBER 5. SEX 1 M XXF 6. AGE (In yrs. last birthday) 1 VRS. 6. AGE (In yrs. last birthday) 54 VRS. 6. AGE (In yrs. last birthday) 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Morth, Day, Nor.) 1.1-30-37 MARYLAND							
TOR	SAINT JOSEPHS HOSPITAL SAINT GENERAL HOSPITAL PS. CITY, TOWN OR LOCATION OF DEATH TOWSON BALTIMORE							
DIRECTOR	106. STATE 106. COUNTY MARYLAND 106. COUNTY BALTIMORE 106. CITY, TOWN OR LOCATION 106. CITY LIMITS? 1 YES XX NO							
FUNERAL	100. STREET AND NUMBER 6501 NORTH CHARLES STREET 101. ZIP CODE 21204 109. CITIZEN OF WHAT COUNTRY? U.S.A.							
BY	11. MARITAL STATUS XX Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yes or No—Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yes or No—Black, White, etc.) 16. RACE — American Indian, Black, White, etc. 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yes or No—Black, White, etc.) 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yes or No—Black, White, etc.)							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (1-4 or 5 +) The secondary (8-12) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) HOMEMAKER OWN HOME							
	17. FATHER'S NAME (First, Middle, Lest) GEORGE H. BERGER 18. MOTHER'S NAME (First, Middle, Maiden Surmame) MARGARET KIMMET							
TO BE	10a INCOMANTO NAME (Tourist)							
	20s. METHOD OF DISPOSITION X Burlial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE 20b. PLACE AND DATE OF DISPOSITION (Name of completely premation) of other place 20b. PLACE AND DATE OF DISPOSITION (Name of completely premation) of other place 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE P. J. Litt. 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS 4905 YORK RD.BALTO., MD. 21212							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? 1 YES X2X2 NO 24b. WERE AUTOPSY FINDINGS ARMABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 140							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO							
ву РНУ	27. MANNER OF DEATH XX Netural 5 Pending (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED							
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. CERTIFIER Check only one) PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Morbon C. Owan, M.D. 29c. LICENSE NUMBER D 15 426 11111 92							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MORTON C. ORMAN 2936 E. BATTMORE ST BATO, MD 2(224) 31. DATE FILED (MORITO, DOK. YORK) 1. 32. AEGISTRAR'S STRAKLARD							
	31. DATE PILED (Month), Day bed							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit on the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.	he medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	AIL OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	DAY	3. TIME OF DEATH
	Catherine El	izabeth Bo	uder			Nov. 1	5, 199	2 M
	4. SOCIAL SECURITY NUMBER 5, SI	EX 6. AGE (In)		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI		8. BIRTHPLACE (State or Foreign
	154-07-5711	M 2 🛂 F	72 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Ye. MArch	Ž1,192	Country) D PA
	9a. FACILITY NAME (If not institution, give street an	nd number)		b. CITY, TOWN	OR LOCATION OF DE			INTY OF DEATH
5	Greater Baltimore	Medical Cen	ter	В	Altimore		В	altimore
5	RESIDENCE OF DECEDENT	HEGICAL CON			THE OTHER			
Greater Baltimore Medical Center Baltimore Baltimore RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION ESSEX 100. II						10d. INSIDE CITY LIMITS?		
□		CIMOTE						1 YES 2 NO
I₹I	100. STREET AND NUMBER 627 N. Stuart St	20.4.4		10	f. ZIP CODE 212	221	10g. CIT	USA
FUNERAL		reet			212	2		ODA
		MAS DECEDENT EVER IN U. FORCES? 1 7 YES	S. ARMED		ENDENT OF HISPAN welfy Cuban, Mexican			14. RACE — American Indian, Black, Whits, atc.
ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO Specify		-7	Specify: White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						DUSTRY		
7	Elementary/Secondary (0-12) Coll 12th	lege (1-4 or 5+)		sewife				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		nous	sewire				
ၓ				ME (First, Middle, Mi	iden Sumame)			
Harry Phillips Sophia == 19a. INFORMANT'S NAME (hype/Print) 19b. MAILING ADDRESS (Street and Number of Flural Floute Number, City of Town, State, Zio of								
2	Robert F. Bouder S	120				. ,		
	20a. METHOD OF DISPOSITION		ACE AND DATE OF		Road Ba			
	1 Burisi 2 Cremation 3 Removal fr	rom State cemete	TACE AND DATE OF	place)	ery 11/19	DATE 20		- City or Town, State
	21 AGRIATURE OF FUNERAL SERVICE LICENSEI		TTY HILL		ND ADDRESS OF FAC		Darcill	ore Md.
	1 L 00 +	11	/				200M2 ~	eAve.21221
	Comelly tu	reral M	one		_			
	23. PART I. Enter the diseases, or compleshock, or heart failure. List of	ilcations that caused to only one cause on each	he death. Do not h line.	enter the mo	ode of dying, such	aa cardlac or	espiratory a	rrest, Approximate Interval Between
	IMMEDIATE CAUSE (Final	DATE IN 1945-00 1-0-4		1	_			Onset and Death
	disease or condition a	METASTA DUE TO (OR AS A C	TIC	LUN	6 LAN	cer		
		DUE TO (OR AS A C	ONSEQUENCE OF):	/				
N	Sequentially list conditions,		200 Um	ous (ell 1	ARCI	boma	
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):					i
SE	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF)-					
Ē	resulting in death) LAST		onocoocnoc or y.					j
S	d							
EDICAL CERTIFICATION	PART II. Other significant conditions con	ntributing to deeth but	not resulting in	the underlyin	g ceuse given in	Part I. 24a. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
S							S 2 NO	COMPLETION OF CAUSE OF DEATH?
Ē						_ _		1 TYES 2 1 NO
		-				_		
N:					LACE OF DEATH (Ch	ck only one)		
SIAN: A	25. WAS CASE REFERRED TO MEDICAL				DIOL OF DEATH ON			
SICIAN: N	EXAMINER?	SPITAL:		THER:	ne 5 🗆 Residence	6 Other (Specify)	
HYSICIAN: N	EXAMINER?	Inpatient 2 ER/Outpati	ont 3 DOA 4	THER: Nursing Hor	ne 5 🗆 Residence	6 Other (Specify 28d. DE\$CRIBE H		CCURED
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Notural 5 Pending	Inpetient 2 - ER/Outpeti	ent 3 DOA 4	OTHER: Nursing Hor OF 28c. IN	ne 5 🗆 Residence			CCURED
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH T Netural 5 Pending 2 Accident Investigation	Inpetient 2 ER/Outpeti 28a. DATE OF INJURY (Month, Day, Yeer) 28a. PLACE OF INJURY —	28b. TIME (INJUR	OTHER: Nursing Hor Of 28c. IN. IY W M 1	DURY AT DRK? YES 2 NO	284. DESCRIBE H	OW INJURY OF	or or Rural Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH TO Netural 5 Pending 2 Accident Investigation	Inpetient 2 ER/Outpeti 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	OTHER: Nursing Hor Of 28c. IN. IY W M 1	DURY AT DRK? YES 2 NO	28d. DESCRIBE H	OW INJURY OF	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. Manner Or DEATH Netural 5 Pending Investigation 2 Actident Investigation 3 Suicide 6 Could not be determined	Inpetent 2 EN/Outpets 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify)	28b. TIME (INJUR	OTHER: Nursing Hor DF 28c. IN IY W 1 1	JURY AT ARK? YES 2 NO	28d. DESCRIBE H 28t. LOCATION (S City or Town,	OW INJURY OO freet and Number State)	er or Rural Route Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Actident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	Inpetent 2 ENOutpeti 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify) To the best of my knowled	At home, Isrm, stre	OTHER: Nursing Hor DF 28c. IN W 1 Nursing Hor DF, 28c. IN W on the time, date	ne 5 Residence	281. LOCATION (S City or Town,	OW INJURY OF	er or Rural Route Number, sted.
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH TO Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	Inpetent 2 ENOutpeti 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify) To the best of my knowled	At home, Isrm, stre	OTHER: Nursing Hor DF 28c. IN W 1 Nursing Hor DF, 28c. IN W on the time, date	ne 5 Residence	28d. DESCRIBE H 28t. LOCATION (S City or Town, to the cause(s) an	OW INJURY OF Treet and Number State) I menner as at the same state as and due to the same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same sta	er or Rural Route Number, sted. the cause(s) and menner as stated.
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH T Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	Inpetent 2 ENOutpeti 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify) To the best of my knowled	At home, Isrm, stre	OTHER: Nursing Hor DF 28c. IN W 1 Nursing Hor DF, 28c. IN W on the time, date	ne 5 Residence	28d. DESCRIBE H 28t. LOCATION (S City or Town, to the cause(s) an	OW INJURY OF Treet and Number State) I menner as at the same state as and due to the same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same sta	er or Rural Route Number, sted.
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Actident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF LETTER	Inpetent 2 ENOutpets 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify) To the best of my knowled the basis of sxemination s	At home, Isrm, stre	OTHER: Nursing Hor Nursing Hor Page 28c. 8N W 1 pet, factory, office at the time, det	ne 5 Residence	28d. DESCRIBE H 28t. LOCATION (S City or Town, to the cause(s) an	OW INJURY OF Treet and Number State) I menner as at the same state as and due to the same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same state as a same sta	er or Rural Route Number, sted. the cause(s) and menner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH TO Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	Inpetent 2 ENOutpets 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify) To the best of my knowled the basis of sxemination s	At home, Isrm, stre	OTHER: Nursing Hor Nursing Hor 28c. iii. W 1	ne 5 Residence JURY AT JRK? YES 2 NO re r and place, and due death occured at the	28d. DESCRIBE H 28t. LOCATION (S City or Town, to the cause(s) and time, date and place 18ER	OW INJURY OX Preet and Number State) If menner as at the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	er or Rural Route Number, sted. the cause(s) and menner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Actident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF LETTER	Inpetent 2 ENOutpets 28s. DATE OF INJURY (Month, Day, Yeer) 28s. PLACE OF INJURY — building, etc. (Specify) To the best of my knowled the basis of sxemination s	At home, Isrm, stre	OTHER: Nursing Hor Nursing Hor 28c. iii. W 1	ne 5 Residence	28d. DESCRIBE H 28t. LOCATION (S City or Town, to the cause(s) and time, date and place 18ER	OW INJURY OX Preet and Number State) If menner as at the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	er or Rural Route Number, sted. the cause(s) and menner as stated.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
Virginia

Approximate Interval Between **Onset and Death**

8.05

YEAR 92

9c. COUNTY OF DEATH

REG. NO.

2. DATE OF DEATH DAY

7. DATE OF BIRTH (Month, Pay, Year) 5-17-1920

1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

June

9e. FACILITY NAME (If not institution, give street end number)

4. SOCIAL SECURITY NUMBER

228-01-8193

Elizabeth

5. SEX

1 M 2 X F

1 -

P.O	Cer
D.	is that the death or
Ö	the
OR	that
REC	he law requires
	WE
Z	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.	H ATTENDING PHYSICIAN:
5	8
_	SPITAL

1, 2, 3	CTOR	CHURCH HOSPITA	T.		BALT	IMORE C	ΙΤΥ			
physician. burial-transit permit. Pages	DIRE	Maryland 10b. COUNTY	Baltimore	10c. CITY,	TOWN OR LO	cation Dundalk				Od. INSIDE CITY LIMITS?
if pern	FUNERAL	100. STREET AND NUMBER 3112 Dunglow	Poad			101. ZIP CODE	11000		ZEN OF WH	AT COUNTRY?
cian. I-trans	JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	I C ADMED	1 42 1170 5		21222		.S.A.	
attending physician. se as the burial-trar	ВУ	t Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	II yes,	DECENDENT OF HISPAI specify Cuban, Mexica (ES 2 X NO Specif	in, Puerto Rican, at	tc.)	14. RACE - Black, 1 Specify:	- American Indian, White, etc. White
al or for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondery (0-12) 1 2th Grade	CATION tompleted) College (1-4 or 5+)	Give kind of won life. Do NOT use n	k done during etired.)	ATION most of working		OF BUSINESS/IND	USTRY	
3 8 8	ш	17. FATHER'S NAME (First, Middle, Last) Davis Macgruder	White			18 MOTHER'S NA Martha	ME (First, Middle, N		l ou	
y be retained age 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) Frank W. Carey,	Jr.			et and Number or Rural I	Route Number, City	or Town, State, Zip	Code)	22
e 6 ma rector, p		20e. METHOD OF DISPOSITION 1 07. Burlel 2 Cremation 3 Remo	cemate	LACE AND DATE OF	DISPOSITION COMPLETE	(Name of	DATE 20	Baltin	Off O	Maruland
		21. SIGNATURE OF FUNERAL SERVICE LICE	Cardrer		Duda	and address of Fa Ruck Fun Wise Ave	eral Hon	ne of Du	ındal	k. Inc.
te death certificate be executed within 24 mous after of the attending physician and completely filled in by the Mental Hygiene prior to burial. cremation, or removal. Jury, or other traumatic event, the medical ex	CERTIFICATION	IMMEDIATE CAUSE (Finel	DIE TO (DR AS A CO	O /Y I T / ONSEQUENCE OF):	enter the r	mode of dying, auc	h aa cardlec Dr	respiretory arm	eat,	Approximate Interval Betwee Onset and Dea
law requires that the as been signed by the bept, of Health and M. 23 shows any Inju	PHYSICIAN: MEDICAL C		BSTRULTIV	E PUL VASCUL	PAR 26.	DISE	PE 1 V	AS AN AUTOPSY ERFORMED? 'ES 2 NO	A CI	ERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
OH ATTENDING PHYSICIAN: The CHECKER THE CHIS CERTIFICATE THE STATE IN THE STATE IN THE STATE IN THE STATE IS THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN THE STATE IN	ED BY	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify)	28b. TIME O	M 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE H	HOW INJURY OCC		te Number,
成成だ言	COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowled: On the basic of examination ed	ge, death occurred a	nt the time, di	ate end place, end due	to the cause(s) en	d menner ee state	d.	nd menner ee stated.
TO F FUNE TO SEE WITH	TO BE C	PILL PRONATURE AND TITLETOF CENTIFIER	Supla	M.D.		29c. LICENSE NUM	BER	29d, DATE		onth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO SHANKER L. G. 31. DATE FILED (Morith, Day, Year)	UPTA M.D.	1576 m	ERRI	TT BIVA	L BA	LTIMIRI	E Ma	121222
		NOV 1 7 1992	22. REGISTRAR'S SIGNATULE DAVIDED HONOR	dell.						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURE

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

Carey

6. AGE (In yrs. last birthday)

72

90.0

IP.	
-	
4.00	
60	
BOX 68760	
P-	
P	
~	
~	
4.00	
w	
~	
all to	
6	
$\overline{}$	
-	
_	
Marie .	
	١
-	
()	
\sim	
-	
CI .	
RECORDS, P.O.	
85	
40	
(J)	
L-I	
_	
-	
ш.	
\sim	
()	
U	
ш	
_	
Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial	
_	
-	
-3	
_	
-	
-	
. ~	
_	
_	
-	
3	
-	
11	
ш.	
-	1
\sim	
_	
	1
_	
_	
5	
ō	
ō	
Ö	
010	
SIO	
SIO	
ISIO	
/ISIO	
VISIO	
IVISION	
IVISION	
DIVISION	
DIVISION OF VITAL	

			FL	LA G			
		4. SOCIAL SECURITY NUMBER	R	5. SEX 8. A			
77		217-03-1402)	1 1 3 ¥ 2 € F			
3 should		9a. FACILITY NAME (If not ins	titution, give s	treet and number)			
6,	OR	Baltimore Co	unty	General Hos			
	5	RESIDENCE OF DECI	10b, COUNTY	,			
Page	E			imore			
E.	-	Maryland 100. STREET AND NUMBER	Dalt	Imore			
8.	FUNERAL DIRECTOR	3731 Milford	M 4 1 1	Pond			
trans	N.	11. MARITAL STATUS	LILLI	12. WAS DECEDENT EV			
D20 ohysie burial	E		Married	FORCES? 1 1			
ding aft	B⊀	3 Widowed 4 Divor	bed	IF TES, GIVE WANTO			
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, at once.	BE COMPLETED	15. DECE	DENT'S EDU	CATION			
21 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or 10 or	Li.	Elementary/Secondary (0-		College (1-4 or 5+)			
shed the	MP	11 Years					
the hos detach	000	17. FATHER'S NAME (First, Mid	idle, Last)				
M D D	Ä	Allen Gott					
tained should should	5	19a. INFORMANT'S NAME (Typ		-			
RE, MAR ay be retained page 5 should t be notified	F	Mr. Floyd Childs					
may may		20a. METHOD OF DISPOSITION XXBurial 2 □ Cremation 3 □ Removal from State					
MO ge 6 Sirecti		4 Donation 5 Other (Specify)					
h. Pa eral o		21. SIGNATURÉ OF FUNERAL SERVICE LICENSEE					
BALTIMORE, MARYLAND 21215-0020 int death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.		TO XI	17	0			
BALTIMORE, MARY nours after death. Page 6 may be retained d in by the funeral director, page 5 should or removal. medical examiner must be notified		23 PARY I. Enter the dis	eeses, or o	complications that cau			
hour led in		IMMEDIATE CAUSE (Fins		List only one ceuse o			
in 24 r ely fille nation,		disesse or condition resulting in death)	→	. ACUTE			
O. BOX 68/60, ertificate be executed within physician and completel glene prior to burial, cremather traumatic event,		lesoling in dealing		DUE TO (OR			
cuted d cor unial.	z		•	MI			
To b	5	Sequentially list condition if any, leading to immedi		DUE TO JOH			
ate b priori	2	cause. Enter UNDERLYIN CAUSE (Disesse or Injur					
othe of the	Ŧ	that initiated events resulting in death) LAST		DUE TO (OR			
ath c ttendi	ER	resulting in death) EAST		đ			
he de Ment Ment Ment Ment Ment Ment Ment Men	LC	PART II. Other significan	t condition	s contributing to deat			
L. RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020 law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainept, of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IN: MEDICAL CERTIFICATION	110.110.110.110					
signe Health	E						
Sheen requ							
AL. has b bept	⋖	25. WAS CASE REFERRED TO	MEDICAL	and a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the			
N: The ficate h State	SIC	1 () YES 2		NOSPITAL:			
ATTENDING PHYSICIAN: The CCTOR: After this certificate his safter death with the State E 28 is marked, or item	PHYSICI	27. MANNER OF CHANG		28s. DATE OF INJU			
NG PHY fler this eath with		1 Natural 5 P	ending rvestigation	(Month, Day, No.			
NDING I: After r death	ВУ	A CLASSIC	ould not be	29m. PLACE OF INJ			
28 L	ETED		etermined	building, etc. (
OR ATTENDING PHYSICIAN: The law I OR ATTENDING PHYSICIAN: The law I DIRECTOR: After this certificate has be hours after death with the State Dept.	LE	25%. CERTIFIER AND CERTIF	FYING PHYTH	CIAN: To the best of my is			

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First, Middle, Last)	LA G.	. C	HIL	DS		2. DATE OF MONTH	DEATH DAY	92 YEAR	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest	MO	UNDER 1 YEAR		7. DATE OF (Month, De	BIRTH by, Year)	8. BIRTI	IPLACE (State or Foreign
	217-03-1402 9a. FACILITY NAME (If not institution, give	1 3 W 2 F	81	YRS.			10-1	8-05		Maryland
	Baltimore County		pital			or location of the 11stown	EATH		Balt	imore
	10a. STATE 10b. COUNT	гу	10	10c. CITY, TO						10d. INSIDE CITY LIMITS?
ı		timore		Ва	ltimo					1 - YES 2 1 NO
	3731 Milford Mil	L Road				21244		10	U.S.	A.
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X		If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 NO Speci	an, Puarto Ricai	pecity Yes or n, etc.)	Blac	E — American Indian, k, Whita, etc.
	15. DECEDENT'S ED	UCATION	16a. DE0	CEDENT'S USL	IAL OCCUPA	TION	16b, KIN	ID OF BUSINE	ESS/INDUSTRY	WIIICE
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gr	ve kind al work Do NOT use rei	done during : tired.)	most of working				
	11 Years		Tel	ephone	Oper				s Broth	ers
	17. FATHER'S NAME (First, Middle, Last) Allen Gott					18. MOTHER'S N.	Wergie			
	Mr. Floyd Childs					d Mill R				21244
	20e. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	ob. PLACE A ametary, gree Wood 1	no date of di matery or other i	sposition (Name of	/17/92	-	lawn, M	wn, Stata Iaryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE				ing Byer		al Di	rectors	. Inc.
	23 PART I. Enter the diseases, or	6			872	8 Libert	y Road	Rand	allstow	m, MD 21133
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. ACUTE DUE TO (OR AS	A CONSEC	YOC	ARD	IAL DA	FARE D	ction	U DERS	Intervel Between Onset and Death
	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEO	DUENCE OF):						
	PART II. Other significant condition	ns contributing to death	but not re	reulting in th	ne underlyi	ng cause given in	77.2	YES 2	107	WERE AUTOPSY PRIOROS AMALARLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NÓSPITAL:		0	26. THER:	PLACE OF BEATH (C	neck only one)			
۱	1 / YES 2 WHO	1) Impatient 2 D ER/Os			Numing Ho	INN 5 Residence				
ı	Natural 5 Pending	(Month, Day Mar)		INJURY		YES 2 NO	Juli. Dept.mi	BE HOW INJU	яту оссинер	
1	2 Accident Investigation 3 Suicide 6 Could not be determined 29s. PLACE OF INJURY — At home, farm, street, factory, office City or Stern, State) 29s. PLACE OF INJURY — At home, farm, street, factory, office City or Stern, State)									
		IICIAN: To the best of my kno) and manner as stated.
ł	296. SIGNATURE AND TITLE OF CERTIFIE	10	10		7120303730	29c. LICENSE NU				(Month, Day, Mar)
		Willey &	Il	,		D27	157	1	· 11-	-13-92
	RAYNOLD	DEPEST	PLETH GITEM			MORE CO	VTUUC	GENE	RN H	SPITAL
	31. DATE FILED (Month, Day, Year) NOV 1 7 1992	32. REGISTRAR'S SIG	NATURE	<u>.</u>	1 401 1			-01-0		
	101111111111111111111111111111111111111	-								

FOR

F VIIAL RECORDS, P.O. BOX 13149, BALLIMORE, MARYLAND 21203-3146	Jurs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HISHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO AFE DEFAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five and with 17 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	periority if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	OF MARYLAND / DEPART CERTIFIC	CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Brandy E. Ca	assabon	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	BRANDY E. CASS 4. SOCIAL SECURITY NUMBER 5. SEX	ABON	IF UNDER 1 YEAR	11 13 9	2 2233 M
	367 06 9889		IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06 26 88	Country)
	9a. FACILITY NAME (If not institution, give street and num		9b. CITY, TOWN OR LOCATION OF DE		MICH TY OF DEATH
DIRECTOR	KIMBROUGH ARMY COM	IM HOSP / FGGM	KACH, FT ME	ADE, MD AN	N ARYNDEL
REC	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION		10d. INSIDE CITY
	MD ANN ARUN	1DEL 7017	LE. BAKER ST	FGGM MD	1 V YES 2 NO
FUNERAL	7012 E. BAKER		20.7.5.5	Tog. of the	EN OF WHAT COUNTRY?
ONE	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yea or No 1	4. RACE American Indian, Black, White, stc.
BY F		S? 1 ☐ YES 2 ☑NO GIVE WAR OR DATES	If yes, specify Cuban, Mexica 1 YES 2 NO Specify		Specify: WHITE
ED E	15. DECEDENT'S EDUCATION		SUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRY
╽ᇤ╽	(Specify only highest grade completed) Elemantery/Secondery (0-12) College (1	Ille Do NOT use	ork done during most of working retired.)	CONTROL TAX CONTROL ON	All
COMPL					
	17. FATHER'S NAME (First, Middle, Last) LON CHRISTOPHER CASSA	ROM		ME (First, Middle, Maiden Surname) BAILEY	,
) BE	190. INFORMANT'S NAME (Type/Print)		ADDRESS (Street end Number or Rural I		
10	LON C. CASSABON		BAKER ST. FT.	MEADE.MD.29755	
	20a-METHOD OF DISPOSITION 1 Translated 2 Cremetion 3 Removal from S	tate other place)	TION (Name of cemetery, crematory or	20c. LOCATION — C	ndiana
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LICENSEE	EMBREY CEM	22. NAME AND ADDRESS OF FA	GARRETT .	
	Thomas A Hay	dites	Hardesty Fune		044.44
	23. PART I. Entar tha diseeeee, or complication	one thet covised the death. Do no		re: Annapolis, Md h as cardiac or respiratory arre	st, Approximate
	shock, or heert fallure. List only of IMMEDIATE CAUSE (Final		1.4		Onset and Death
	disease or condition resulting in deeth)	SOLOTION OF CONSEQUENCE OF	asmc contaks	· 	
_		DOPO AS A CONSEQUENCE OF	:		
TIO	If any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF)	:		
-ICA	CAUSE (Diseese or Injury	DOWN TOMOUR	,		
ERTIFICATION	that initiated events resulting in death) LAST		•		
CE	PART II. Other algnificant conditions contribu	iting to deeth but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI					OF DEATH? 1 ☐ YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT		28. PLACE OF DEATH (Ch OTHER:		
PHYS	27. MANNER OF DEATH 28e.	DATE OF INJURY 28b. TIME	4 Nursing Home 5 Realdence OF 28c. INJURY AT	6 U Other (Specify) 28d. DE\$CRIBE HOW INJURY OCC	URED
ВУ Р	Natural 5 Pending 2 Accident Investigation	Month, Day, Yoar) INJL	M 1 YES 2 NO		
8	3 Suicide 28e. I	PLACE OF INJURY — At home, ferm, at building, etc. (Specify)	reet, factory, office	28f. LOCATION (Street end Number of City or Town, State)	or Rural Route Number,
LEI	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowledge, death occurred	d at the time, date end place, end due	to the ceuse(e) end manner ee state	d.
COMPLET	one) 2 MEDICAL EXAMINER: On the b	aele of examination end/or investigation			
B	296. BIGHATURE AND TITLE AND PEA J. PA	RKINSON D 044-60-6679	29c. LICENSE NUI D 358		SIGNED (Month, Day, Year)
10		TED-CAUSE OF DEATH (ITEM 27) (Type.	Print)		1
		EGISTRAR'S SIGNATURE			
	NOV 1 7 1992	Vincer, and a second			

APPIN CO

party or spirit

EMS: 23		27,28a,b,c,d,e,				
	STATE	E OF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
			COTICIOATC	OF OF ATLA		

	1 - STATE REGISTRAR			ICATE O	F DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH			3. TIME OF DEATH
	MAURICE	Α.		COBY		MONTH 1 1	1.5		92	3:44 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF E	MRTH		6. BIRTH	PLACE (State or Foreign
7	215 84 9705	1 M 2 □ F	27 YRS.	MONTHS DAYS	HOURS MIN.	12/8/	64		Mo	ľ.
i i	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
CTOR	1147 WASHINGTO	N BLVD		BALTI	MORE					
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CIT	Balto.	ATION					10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
AL	10e. STREET AND NUMBER			=	IOI. ZIP CODE		T	10g. CITI	ZEN OF Y	VHAT COUNTRY?
띮	1128 Washing	ton Blvd.			21230		- 1		USA	1
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	If yes,	ECENDENT OF HISPAI specify Cuben, Mexico ES 2 NO Specif	en, Puerto Ricar		or No—	14. RACI Black	E — American Indian, k, White, etc.
B	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S	USUAL OCCUPAT	FION	16b. KIN	O OF BUS	INESS/IND	USTRY	
L.	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during i se retired.)	most of working					
린			Gril:	ler		Fa	ast	Food	E	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			Sumame)		
BE	John P. Coby					via Ma				
<u>و</u>	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural					
-		Bryant			and St.			_		
	20a. METHOD OF DISPOSITION X X Burial 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	206. PLACE AND DATE KING MEI	OF DISPOSITION (Park	11/19	20c. LOC			
	21. SIGNATURE OF FUNERAL SERVICE LI	a. Most			AND ADDRESS OF FA				λ.	id. 21217
	23. PART . Enter the diseases, or								•	Approximate
	immediate cause (Finel disease or condition resulting in desth)	a. ACUTE NA	ARCOTIC INTO	XICATION						Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE O							
		ŭ								
PHYSICIAN: MEDICAL	PART ii. Other aignificant conditio	na contributing to deet	h but not resulting	in the underlyl	ng cause given in		PERFORI	WED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL	T		24	PLACE OF DEATH (Ch					
ᅙ	EXAMINER?	HOSPITAL:	3535 C	OTHER:	THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE					
Ě	27. MANNER OF DEATH	28a. DATE OF INJUR			NJURY AT	8 U Other (Sp 28d, DESCRIE		IIIDY OO	TIPED	
9	1 Natural 5 Pending	(Month, Day, Yea FOUND: 11/1	FOUN	URY A V	YES 2 (NO			JUNI OCC	JONED	
BÝ	2 Accident Investigation 3 Suicide syll\(\) Could get be	28e. PLACE OF INJU	JRY — At home, ferm,		/1//	28f. LOCATIO		nd Number	or Rumi i	Inute Number
	3 Suicide & Could not be 4 Homicide determined	HOUSE	pecify)	, , , , , , ,	7)	City or To	wn, State)	1147	WASH:	INGTON BLVD.
COMPLETED		SICIAN: To the best of my kn) and man		ed.	
8		ER: On the basis of aximins	mon and/or investigation	я, in my opinion,	-		place, and			
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	of Ch	ute no		O.C.M.					(Month, Day, Year) 1992
٩	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF			reet, Ba	altimo	ore.	Mar	cvla	nd 21201
	31. DATE FILM (DOV). Dov. "Per" 1992	32. REGISTRAN'S SI		-					1	32202

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	4 noun after chaff. Page 8 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hyplene prior to burial, cremation, or immosa.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOST THE MANNING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after than 8 may be retained by the hospital or attending physician.	TO THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the befiled within-72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or minious.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND / DEPARTMENT		ENTAL HYGIENE
	CERTIFICATI	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF HE	EALTH AND N		SIENE . NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Peter Joseph 4. SOCIAL SECURITY NUMBER	Cargnay	gh			2. DATE OF DEA		YEAR 92	3. TIME OF DEATH 18/0 Pm
	216-24-4261	M2 0 F 62	YRS. MO	HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month), Day, W. 3 27/	30	6. BIRTN Countr	PLACE (State or Foreign
тов	90. FACILITY NAME (If not institution, give street ST. AGNES HOSP RESIDENCE OF DECEDENT			Baltin	nore C	ety	9c. COU	NTY OF D	EATN
DIRECTOR	MD HOW	980		cott C					10d. INSIDE CITY LIMITS? 1 - YES 2 NO
FUNERAL	100. STREET AND NUMBER 4872 /LCHEST	ER ROAD			ZIP CODE 21043			SA	VHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT WWII	U.S. ARMED 2 NO ES	It yes, spe	NDENT OF NISPANI city Cuben, Mexican 2 NO Specify	, Puerto Rican, et	Ify Yee or No—	14. RACE Black Speci	E — American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Sales M	done during mos stired.)	t of working	16b. KIND 0	F BUSINESS/IND	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas A. Cavanar	ugh			16. MOTHER'S NAM		laiden Surneme)	•	
6	19e. INFORMANT'S NAME (Type/Print)				d Number or Rural R			,	
	Evelyn R. Cavanau				er Rd., 1	The second second			21043
	1 Burisi 2 Cremation 3 Remove	of from State	PLACE AND DATE OF D lery, cremetory or other Cest Lawn	place) Memori	eol al Carde	11/18 20	C. LOCATION -	City or To	wn, State
	21. SIGNATURE OF FUNDINAL SERVICE LICEN	I Kan A	nd days	Gary]	ADDRESS OF FACE	an Fune:	ral Hom	es	1227
CERTIFICATION	23. PART I. Enter the diseases of conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):	Ai	RE	et			Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of	contributing to death but	t not resulting in the	he underlying	cause given in F	200/19	AS AN AUTOPSY REFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF OEATH (Chec	ck only one)			
YSIC	1 YES 2 AO 1	IOSPITAL: The period 2 To ER/Outpet		THER: Nursing Home	5 Residence 8	☐ Other (Specify)		
	27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOR	RY AT K?	28d. DESCRIBE H	IOW INJURY OCC	UREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm, stree	et, factory, office		281. LOCATION (S City or Town,	treet and Number State)	or Aural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER: (IN: To the best of my knowled On the besis of examination	ige, death occurred at	t the time, date a	nd place, end due t	o the ceuse(e) end ime, date end plea	d manner ee state	ed. e ceuse(e	end manner ee atated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	4.	5.		DICE	920	29d. DATE	SIGNED	(Month, Day, Year)
	30. HAME AND ADDRESS OF PERSON WHO C	CHANIL	DACE	668	DEEN	12404	DRIF	10	R
	NOV 1 7 1992 &	32. REGISTRAR'S SIGNAT	ndell				1000	450	9 12 D V 1/89

Establishment

0.2.0027906

Carle or the same than the results and the same than

REG. NO

MARYLAND 21215-0020

BALTIMORE,

FOR STATE REGISTRAR

1 -

₽	ä
9	ä
5	ž
2	ř
See 1	tune
i	2
Ē	E
ž.	ç
5	file
requires that the beam certificate be executed within 24 in	mpletely
Ĕ	8
3	and
2	ician
NE CALL	phys
190	nding
mpan	affe
25	#
P	5
3	igned
ledni	s ues
MP	IS De
2	e he
UING PHYSICIAN:	After this certificate has been signed by the attending physician and completely it
E	this
CING	After

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH URETON YEAR Z 7:0 sho 6. AGE (In yrs. last birthday)
YRS. IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreig IF UNDER 24 HRS. 49 1 X M 2 - F -26 permit. Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? timore 1/1910 1 VES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 2. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 AND Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 1 Neyer Married 2 Merried BY 4 Divorced as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY for use (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 6+) should be detached notified at once. 17. FATHER'S NAME (First, Middle, Last) 86 198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street are 2 3 PLACE ANO DATE OF DISPOSITION (Na 丑 20a. METHOD OF DISPOSITION DATE must 1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 5 22, NAME AND ADDI JOS-CP/11 2225 U 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner medical 23. PART L'Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such shock, or heart fallure. List only one cause on each line. Interval Between 8 **Onset and Death IMMEDIATE CAUSE (Finel** or other traumatic event, the disesse or condition Resp. ratory arrent.

Due to (or as a consequence of): unknowy resulting in deeth) Moningioma
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, 2 if any, leading to immediate cause. Enter UNDERLYING erebral cdema. Hygiene prior CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Mental injury, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL of Health and shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO Dept. State L 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA marked, or with the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 6 Pending Investigation 1 Natural 1 YES 2 NO BY death 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be determined E FUNERAL DIRECTOR: A within 72 hours after d COMPLETED HOSPITAL OR ATTENC 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Than 01 mm 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH ammad C 521

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO THE P

		-
1	-	J. Jhou
	1	2
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit recension to removal.

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NOV. 12, 1992 Anthony Victor Capecci A SOCIAL SECURITY NUMBER 6 CEV 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Feb. 1, 1930 215-24-2036 1 KM 2 F 62 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Essex Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 344 Ida /Ave. 21221 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO. Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10th Foreman Crown Cork & Seal 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Serafina Capecci Anna Maresca BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen Capecci 344 Ida Ave. Baltimore MAryland 21221 9 20a. METHOD OF DISPOSITION
1 ◯XBurtal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must GardensofFaith 11/16/92 4 Donation 5 Other (Specify) Rossville Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MaceAve.21221 Unera medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betwe IMMEDIATE CAUSE (Final Onset and Death Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the disease or condition letastatic Lung CA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cayse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 | YES 2 | NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: . 50 nce 6 Other (Specify) 4 | Nural 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO COMPLETED BY Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HARMANTE. IT IN 2 MEDICAL EXAMINER: On the besis of as ath occured at the time, date and place, and due to the cause(s) and manner as stated. BE • 2 SOF DEATH (ITEM 27) (Type, Print) Relly

marked,

,82

28

thom

DIRECTOR: After the hours after death v

	4		
	H.		
	t per		
	ransi		
SICIO	rial-t		
	DQ a		
	the s		
giip	Se a		
5	or u		
2740	Ped		
200	Btach		nce
in 6	De de		o to
2	pin		pe
The second is the second of the desired of the second with the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, P		riked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	906		99
6	0,0		10
0	irect		E
	ral d		ine
nean	fune		Хап
1001	/ the	POVAL	le:
2	ld of	ren	po
2	lled	n, or	E
2	ely f	natio	=
2	mplet	I with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	wen
2	9	urial	lic (
3	n an	to b	EE
2	Sicia	prior	Ē
2	P	ene	ther
3	nding	H	0 70
neen	afte	utal	7,
210	the	g We	를
n ar	5	h an	July 1
200	signe	leaft	2
nha.	een :	0	sho
MD	as b	Sept.	23
9	rte h	ate [E
2	Tifica	e St	or it
2	s cer	th th	d, c
-	E C	W	F

iges 1, 2, 3 should

92 31999 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OBER 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
[2/30] 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS 219-10-360 Maryland 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH wai DIRECTOR HOX RESIDENCE OF DE CEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Lutherville 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12 Southwark Bridge Way 21093 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) 10 yrs College (1-4 or 5+) Vice President Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Duvall Alva F. BE Nannie Semco 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Violetta M. Duvall 12 Southwark Bridge Way Lutherville, Md. 21093 20s. METNOD OF DISPOSITION
1 🖾 Burlel 2 🗆 Cremation 3 🗀 Removal from State
4 🗆 Donation 6 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cemetery, cremetory or other place). Bel Air Memorial 11-16 Bel Air, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or has Approximats Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 0000 thoracio 1 YES 2 OF DEATH? be tes a PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: npatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) MANNER OF DEATH Se. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED М Accident 1 YES 2 NO BY investigation 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number er Rural Routa Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. (Check only one) TANE II 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Pay. BE 29c. LICENSE NUMBER 12 2

Sirai

HOSP,

ERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURES

m.

495

Davidson-17

Pag

31. DATE FILED (Month, Day, Year)

•	affe
	4 hours
	-
õ	with
(687(executed
6	8
.O. B(certificate
S, D	death
ő	the th
E	that
RECO	renuires
	WE.
A	F
OF VI	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
	0

REG. NO. 3. TIME OF DEATH ATY DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5 Annie Dorsey 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 8-2-13 DAYS 214-12-0244 1 - M 2 A F HOURS M YRS. 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2606 Garrett Ave. 21218 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced S'BTack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Library-Typist Coppin State College 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cephas Arrington Ħ Louisa Craddock BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Karen A. Miller 2606 Garrett Ave./Baltimore, MD 21218 3 20s, METHOD OF DISPOSITION
1 [A] Burlel 2 Cremetton 3 Removal from State
4 Donetton 5 Donetton 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Must "APBUTUS" Membri 1'all Park Arbutus, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gladue Jas WM C. MARCH F.H./1101 E. NORTH AVE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heert fellure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final stastatic Cecal Tumor DUE TO (OR AS A CONSEQUENCE OF): traumatic event, the disease or condition resulting in death) Metastatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events or other DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS 30 PERFORMED? AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE Signed Health a 1 TYES 2 THIND 1 | YES 2 | NO t. of h State Dept. c PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2 AND 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 6 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. with w 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 1 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be COMPLETED L DIRECTOR: . 4 Homicide Hem 29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I within 72 h (Check only one) TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) 10 9 Ano 30 MÁME, AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 31. DATE FILEO (Month, Day, Year) 32. RESISTRAR'S SIGNATURE
Julia Varidson-Randall